

Note
9-24-19.

NEW BUSINESS

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1029 Event Name: Quicken Loans Carnival

Event Date : October 2, 2019

CITY CLERK 2019 SEP 18 PM3:58

Street Closure: Witherell, Montcalm and Elizabeth

Organization Name: Quicken Loans, Inc.

Street Address: 1050 Woodward Avenue Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Private Corporate Event</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Quicken Loans will host their annual appreciation awards at the Fox Theater with an afterparty at the Comerica Park Parking Lots; with temporary street closures on Witherell, Montcalm and Elizabeth.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Olympia Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with BLS Services to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

SEP 23 2019 01:17 MB JA (30)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Detour Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stage & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Austin

Date: 9-12-2019

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 13, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

AMENDMENT

Herewith, the following referral is a copy of Petition **1029**

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1029 *Quicken Loans Inc., request to hold "Quicken Loans Carnival" at 2200 Woodward Ave. on October 2, 2019 from 5:00 PM to 8:00 PM with the temporary closure of Witherell from Montcalm to Elizabeth.*

NOTE: Attached please find additional documentation for the above mentioned petition.

PETITIONER IS AMENDING PETITION DUE TO:
amended application. See attached.

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Quicken Loans Carnival

Event Location: 2200 Woodward Ave - Comerica Park Parking Lots (Lot 1 & lot 2)

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Quicken Loans Inc

Organization Mailing Address: 1050 Woodward Ave. Detroit MI 48226

Business Phone: 313-373-0093

Business Website: Quickenloans.com

Applicant Name: Becky Glynn

Business Phone: 313-373-0093

Cell Phone: 313-820-5451

Email: BeckyGlynn@quickenloans.com

Event On-Site Contact Person:

Name: Becky Glynn

Business Phone: 313-373-0093

Cell Phone: 313-820-5451

Email: BeckyGlynn@quickenloans.com

Event Elements (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Walkathon | <input checked="" type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Private Corporate Event</u> |

Please provide a brief description of your event:

A social gathering and appreciation event for Quicken Loans team members from three areas of business to enjoy after their company award show hosted at the Fox Theater. Food, Alcohol, and non-alcoholic beverages will be served through Olympia Catering. There will be carnival rides on-site such as a Ferris wheel, scrambler and a giant slide.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/30 Time: 7:00 AM Complete Set-up Date: 10/2 Time: 3:00 PM

Event Start Date: 10/2 Time: 7:00 PM Event End Date: 10/3 Time: 9:30 PM

Begin Tearing Down Date: 10/4 Complete Tear Down Date: 10/5.

Event Times (If more than one day, give times for each day):

10/2 7:15 PM – 9:30 PM & 10/3 3:00 PM – 5:00 PM & 7:30 PM – 9:30 PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Comerica Park Lots 1 & 2

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ, Carnival Games

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? External Sound System

Describe specific power needs for entertainment and/or music:

Power Provided by generator. Vendor to obtain generator permit.

How many generators will be used? 1 Unit

How will the generators be fueled? Electric Powered 85 KVA generator

Name of vendor providing generators:

Contact Person: Danny Huston Northern

American Midway Entertainment

Address: 109 S. Main St

Phone: 765-212-5784

City/State/Zip: Farmland, MI 47340

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: No sales, items are complimentary to invited Team Members.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Olympia Entertainment Inc. Security

Contact Person: Johnny Jackson

Address: 2522 Woodward Ave

Phone: 313-471-7430

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: 35

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

No On-site parking required; attendees will be parking in their assigned company parking lots.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No Pedestrian access on the road between Lot 1 and 2 (See diagram) and on Witherell between Montcalm and Elizabeth.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

Olympia will be contacting the local community.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<u>7</u>	<u>(1) 20 x 60, (6) 10 x 10</u>
Canopy (open on all sides)	<u>4</u>	<u>(1) 80 x 210, (1) 60 x 165, (1) 60 x 90</u>
Staging/Scaffolding	<u>1</u>	<u>(1) 16' L C 8'D X 2'H</u>
Bleachers	<u>N/A</u>	<u>N/A</u>

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? BLS Services

Contact Person: Candace Weaver

Address: 2252 Woodward Ave

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns. Parkway Services

Contact Person: Dave

Address: 2876 Tyler Rd,

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? Olympia Catering

Contact Person: Jennifer Tompos

Address: 2211 Woodward Ave

Phone: 313-471-3218

City/State/Zip: Detroit, MI 48226

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Witherell

FROM: Montcalm TO: Elizabeth

CLOSURE DATES: 10/2-10/3 BEG BEGIN TIME: 1:00 AM END TIME: 11:59 PM

REOPEN DATE: 10/3 TIME: 11:59 PM

STREET NAME: Montcalm

FROM: Witherell TO: Woodward

CLOSURE DATES: 10/2 - 10/3 BEGIN TIME: 1:00 AM END TIME 11:59 M

REOPEN DATE: 10/3 TIME: 11:59 PM

STREET NAME: Elizabeth

FROM: Witherell TO: Woodward

CLOSURE DATES: 10/2 - 10/3 BEGIN TIME: 1:00 AM END TIME: 11:59 PM

REOPEN DATE: 10/3 TIME: 11:59 PM

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Rebecca Gley
Signature of Applicant

7/31/2019
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Quicken Loans Carnival Event Date: 10/2 + 10/3/2019

Event Organizer: Becky Gwynn (Event Manager)

Applicant Signature: Rebecca A. Gley Date: 7/31/19





Proposed Road Closure Dates:
October 2nd - 1:00 AM to
October 3rd - 11:59 PM

QL Carnival – City of Detroit Special Events Application

Our Ask

We are requesting approval to host a private carnival event in the Olympia Lots 1 & 2 for Quicken Loans Team Members. There will be one(1) event on October 2nd and two(2) events on October 3rd.

Event Timing

Load-in: September 30th

October 2nd:

- 7:15 PM – 9:30 PM **2,500 team members**

October 3rd

- 3:00 PM – 5:00 PM **1,700 team members**
- 7:30 PM – 9:30 PM **1,800 team members**

Load-out: October 5th

Road Closures

We are requesting to have Witherell, Montcalm, and Elizabeth closed from October 2nd at 1:00 AM – October 3rd at 11:59 PM. Olympia Entertainment/ Tigers organization will provide the barricades for the closures.

Tents & infrastructure

Stage provided by stage rite:

- 16' x 8' – 2' high

Tents provided by BOS Structures and Events:

- (1) 80' x 210'
- (1) 60' x 165'
- (1) 20' x 60'
- (1) 60' x 90'
- (1) 40' x 90'
- (6) 10' x 10'

Carnival Rides provided by North American Midway Entertainment:

- Scrambler
- Ferris Wheel
- Giant Slide

Generators and Power

- (1) 28' Trailer provided by North American Midway Entertainment. We will provide a bike rack barricade for around the generator.

Trash and Sanitation

All guest trash (food containers, utensils, etc.) and recycling will be taken care of by Olympia Entertainment (per contract). Trash and recycling receptacles in each parking lot.

Security and Barricades

We will use snow fencing and bike racks to create barricades around the lot to keep the area closed to the public. Bike racks & snow fencing provided by Olympia Entertainment.

Olympia Entertainment to provide security for the event. Rock Security will be on-site as well.

Food and Beverage:

All food and beverage will be provided by Olympia Entertainment. Bars will be hosted, free to guests and Olympia Entertainment is providing the alcohol. Liquor License is included in the packet.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 22930 Nine Mile Road Saint Clair Shores MI 48080		CONTACT NAME: PHONE (A/C, No, Ext): 586-774-5300 FAX (A/C, No): 586-778-2814 E-MAIL ADDRESS:		
INSURED Rock Holdings Inc. Quicken Loans Inc. 1050 Woodward Avenue Detroit MI 48226		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hartford Underwriters Insurance Company		30104
		INSURER B: Trumbull Insurance Company		27120
		INSURER C: Hartford Casualty Insurance Company		29424
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES**CERTIFICATE NUMBER:** 344694356**REVISION NUMBER:**

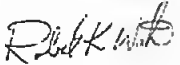
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ACORD SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		81UENBM8313	7/31/2019	7/31/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MEQ EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MEQ EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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MEQ EXP (Any one person)	\$ 10,000																			
PERSONAL & ADV INJURY	\$ 1,000,000																			
GENERAL AGGREGATE	\$ 2,000,000																			
PRODUCTS - COMP/OP AGG	\$ 2,000,000																			
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	\$																			
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		81WBAD6SJM	7/31/2019	7/31/2020	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E.L. EACH ACCIDENT	\$ 1,000,000																			
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																			
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																			

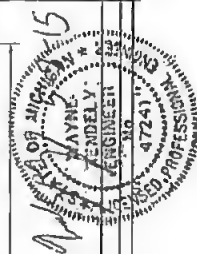
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is an Additional Insured as respects to the general liability policy pursuant to and subject to the policy's terms, definitions, conditions and exclusions (form 80-02-2357) as required by written contract. The insurance provided in the general liability policy is primary and any other insurance shall be excess only, and not contributing.

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit 2 Woodward Ave Detroit MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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IMPORTANT DOCUMENT
Certificate of Flame Resistance

ISSUED BY

Date of Shipment
5/4/2016

Registration Number
FA-444.02



Sales Order #
SO-630603

EVANSVILLE, INDIANA 47725

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described are inherently flame retardant and were supplied to:

222300
BOS RENTALS AND SERVICE (B) (S 1100205)
DBA BOS TENT RENTALS INC
44882 LINDBERGH LN
NOVI MI 48377
USA



Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code. All fabric has been tested and passes NFPA 701, ULC 109.

Serial # 8125050 (2)

Description of item certified: ANCHOR STRUCTURE GABLE END 25M #702 FERRARI BLOCKOUT
WHITE

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

FERRARI TEXTILES, FRANCE

Name of Applicator of Flame Resistant Finish

Signed:  **ANCHOR INDUSTRIES INC**

IMPORTANT DOCUMENT
Certificate of Flame Resistance

ISSUED BY

Date of Shipment
5/4/2016

Registration Number
FA-444.02



Sales Order #
SO-630603

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222300
BOS RENTALS AND SERVICE (B) (S 1100205)
DBA BOS TENT RENTALS INC
44882 LINDBERGH LN
NOVI MI 48377
USA



Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code. All fabric has been tested and passes NFPA 701, ULC 109.

Serial # 8125682 (10)

Description of item certified: ANCHOR STRUCTURE WALL 3MX5M FERRARI 702 WHITE W/2 CA

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

FERRARI TEXTILES, FRANCE

Name of Applicator of Flame Resistant Finish

Signed:  **ANCHOR INDUSTRIES INC**

IMPORTANT DOCUMENT
Certificate of Flame Resistance

ISSUED BY

Date of Shipment
5/4/2016

Registration Number
FA-444.02



Sales Order #
SO-630603

EVANSVILLE, INDIANA 47725

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described are inherently flame retardant and were supplied to:

222300
BOS RENTALS AND SERVICE (B) (S 1100205)
DBA BOS TENT RENTALS INC
44882 LINDBERGH LN
NOVI MI 48377
USA



Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code. All fabric has been tested and passes NFPA 701, ULC 109.

Serial # 8125055 (16)

Description of item certified: ANCHOR STRUCTURE 25MX5M MID #702 FERRARI BLOCKOUT WHITE

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

FERRARI TEXTILES, FRANCE

Name of Applicator of Flame Resistant Finish

Signed:  ANCHOR INDUSTRIES INC

IMPORTANT DOCUMENT
Certificate of Flame Resistance

ISSUED BY

Date of Shipment
5/4/2016

Registration Number
FA-444.02



Sales Order #
SO-630603

EVANSVILLE, INDIANA 47725

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described are inherently flame retardant and were supplied to:

222300
BOS RENTALS AND SERVICE (B) (S 1100205)
DBA BOS TENT RENTALS INC
44882 LINDBERGH LN
NOVI MI 48377
USA



Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code. All fabric has been tested and passes NFPA 701, ULC 109.

Serial # 8125676 (42)

Description of item certified: ANCHOR STRUCTURE WALL 3MX5M #702 FERRARI WW W/CENTER LACE

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

FERRARI TEXTILES, FRANCE

Name of Applicator of Flame Resistant Finish

Signed:  **ANCHOR INDUSTRIES INC**

McGINNIS & ASSOCIATES
Structural Engineers
1110 Westmark Drive
St. Louis, Missouri 63131
(314) 835-1224 Fax: (314) 984-0561

JOB: Event Series - 25m Wide x 4m Eave
Anchor Industries NO. 22320
SHEET NO: 1 of 81
CALC. BY: DWM DATE: 5/10/16

Structural Calculations for:



**Event Series Aluminum Tent
25m Wide Gable End / 4m Side Height / 5m Bay Spacing**

These calculations are acceptable for use for the tent configurations narrower and/or shorter in eave height than those outlined in the contents of this report by the next larger size configuration shown above them.

Design Standard:	2012 International Building Code / ASCE 7-10
------------------	--





IMPORTANT DOCUMENT

Certificate of Flame Resistance

REGISTRATION
APPLICATION
NUMBER

F140.1



ISSUED BY
ANCHOR
INDUSTRIES INC.

EVANSVILLE, INDIANA 47725

MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Shipment

4/29/2005

Tent Identification

04046075

This is to certify that the materials described have been flame-retardant treated
(or are inherently nonflammable) and were supplied to:

222300

BOS RENTALS AND SERVICE
DBA BOS TENT RENTALS INC
44882 LINDBERGH LN
NOVI MI 48377

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code. All fabric has been tested and passes NFPA 701-99, CPAI 84, ULC 109.

Serial #

8040000C (1)

Description of item certified:

FIESTA EXPANDABLE TOP 20Wx20
(2PC) SNYDER WHITE VINYL WITH

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

SNYDER MFG NEW PHILADELPHIA, OH

Signed:

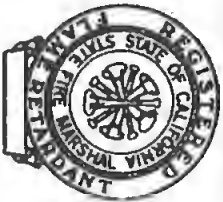
Joseph L. Quade

SPECIAL EVENTS DIVISION - ANCHOR INDUSTRIES INC.

Certificate of Flame Resistance

REGISTERED
APPLICATION
NUMBER

F140.1



ISSUED BY



MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

BOS TENT RENTAL INC
840 RACHELLE

WHITE LAKE MI 48386

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.
The method of the FR chemical application is:

Serial #: 8020000C (0001)

Description of item certified: FI EXP MDD 20X20 VL W SNY BO

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

SNYDER MFG, NEW PHILADELPHIA, OH
Name of Applicator of Flame Resistant Finish

Signed: *James D. Thuesen*
TENT DEPARTMENT—ANCHOR INDUSTRIES INC.

Date of Manufacture
4/21/99

Order Number
216085

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAMTON, NEW YORK 13902
*Manufacturers of the Finest
Tent Products Described Herein*

Date of Manufacture

11 - 11 - 2018

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME: Bos Tent Rental

CITY: Novi, MI

Certification is hereby made that:
The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.

Type, color and weight of material

60' Wide ElSpan Clearspan Structure

Description of item certified:

Made with 22oz Coated Vinyl

**Flame Retardant Process Used Will Not Be Removed By Washing And
Is Effective For The Life Of The Fabric**

Snyder Manufacturing, Inc.

Manufacturer of Flame Retardant Vinyl Laminates

TENT DEPARTMENT, JOHNSON OUTDOORS INC.

*Large Scale



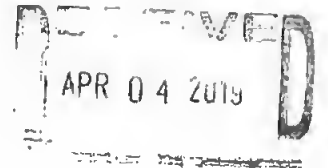
Department Of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, Michigan 48909

CARNIVAL/AMUSEMENT PERMIT

Permanent ID Number: 2001000425

Mid America Shows Delaware Inc
109 S Main St
PO Box 429
Farmland IN 47340

<u>Ride Name</u>	<u>Permanent ID Number</u>
Giant Wheel 400-02290	2005011034
Childress Slide 075	2005011093
Flivver 1212	2005011115
Round Up 279	2005011126
Merry Go Round 1841	2005011132
Dinosaur ARM14164	2005011140
TMS Scrambler TMS979	2005011170
Hampton 4 X 4 99588	2005011174
Hampton Jump Cycle 15488	2005011175
Hampton Combination Jeep 95488	2005011176
Kamikaze ZA9RAN3A146A98485	2005011705
Zamperla Fire Chief CB20R200US93	2005011708
Zamperla Samba Balloon SD08R201US93	2005011709
Chance Century Wheel 406-03095	2005011824
Zamperla Rio Grande Train RG22F018US94	2005011828
Chance Yo Yo 376-08095	2005011842
Sizzler 761265	2005011859
Chance Red Baron Beta Bumble Be OHC09296	2005011953



VALID: 03/01/2019 to 02/28/2020

Department Of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, Michigan 48909

CARNIVAL/AMUSEMENT PERMIT

Sellner Bear Affair BEAR16T96	2005011954
Owens Glass House 39265	2005012032
Tilt A Whirl Sellner 2025E791	2005012096
Toon Town Theatre Fun House FH15497FT1	2005012097
Mini Indy Majestic 276235	2005012098
Majestic Scooters 276232	2005012119
Pharaoh's Fury 407-03997	2005012130
Ring Of Fire 97PA60079	2005012175
1001 Nachts 041096USA	2005012204
Starship 2000 861818	2005012208
Orient Express 63388	2005012221
Dizzy Dragon 18T-98	2005012291
Himalaya 63880	2005012399
Infernal Combustion Fun House	2005012416
Alpine Fun House WKT-15402	2005012478
Raiders 1W9FRW3S9GM081196	2005012546
Merry Go Round AH732568	2005012605
Wet Boat 481	2005012606
Cliffhanger 0112316-5K	2005012607
Samba Movie Reel Ride SB08F075US98	2005012784
Kiddie Swing SR20F002US94	2005012785
State Fair Fun Slide 1D9A12815S1210746	2005012788
Tilt A Whirl 758R77	2005012900
Tornado 1F9SVW3T4WM063268	2005012980


VALID: 03/01/2019 to 02/28/2020

Department Of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, Michigan 48909

CARNIVAL/AMUSEMENT PERMIT

Skater GFB24R03313US	2005013000
Helicopter Red Baron 1711859	2005013050
Cliffhanger 903021-5K	2005013201
Twister KTT1898	2005013327
Freakout FRB1613937	2005013346
Orient Express 832885	2005013357
Mouse Coaster GRCB1R06398US	2005013376
Flying Elephant 36657	2005013495
Remix 48147/230	2005013620
Traffic Jam 139323	2005013623
Frog Hopper 1005	2005013646
Vertigo VG105080112	2005013647
Giant Wheel 40001389	2005013655
Merry Go Round CG-050	2005013770
Circus Train GCT04F00186US	2005013771
Orient Express 1F9GEW3S7SM063885	2005013861
Slide 1F9S302XWT162008	2005013862
Zombie Hotel Alpine Fun House 150449	2005014355
Wisdom Monster Truck 90198	2005014366

VALID: 03/01/2019 to 02/28/2020

Sheet 1 of 2	File / Sub File	DRAWING NO:	REV: 0	PART NO:	MATERIAL: /
		Trailer Strick Alum Assy Presentation			
		BRAKE: NA	SCALE: 1/50	3/11/2019	DRAWN: NP
		FINISH:			



Strick Pup Trailer
 QSX-455 Cummins Generator Set (455kW Prime)
 Generator Connection Bay: GCB4-42, GCB12-36, GCB12-53

MATERIAL: .125 aluminum
sheet
FINISH: Powder- Sky white

Mid America Shows

**SEMCOR
MFG**

DRAWING NO: 12470

REV: 1

PART NO:

GCB 12-53B Panel Assembly

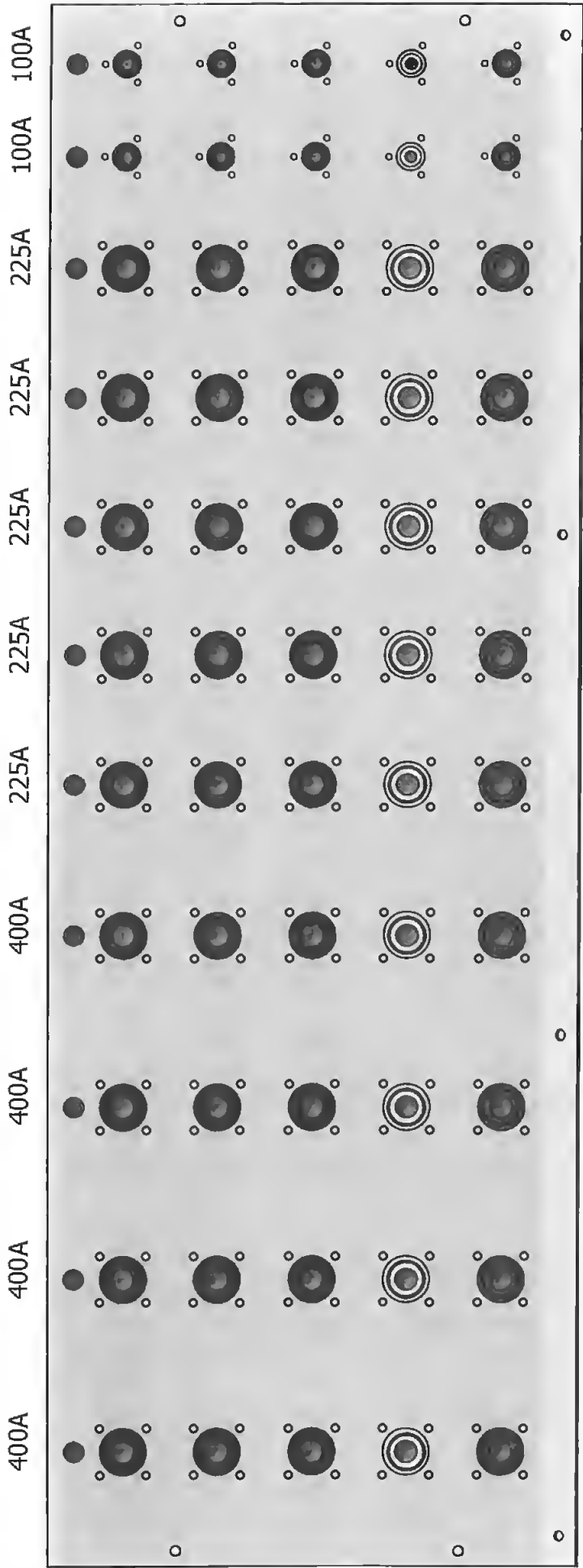
Mid America

BRAKE: NA

SCALE: 1/5

2/25/2014

DRAWN: SR



- 4 x 400A E1016 Cam 5-Wire Female on K-Frame
- 5 x 225A E1016 Cam 5-Wire Female on F-Frame
- 2 x 100A E1015 Cam 5-Wire Female on QCD

REVISION HISTORY		
REV	DESCRIPTION	DATE
1	Added (1) more 400A cam set & changed 100A mini cam to QCD breakers (2)	2/27/2014
		DESIGNER
		JRS

LICENSE AGREEMENT

This License Agreement ("Agreement") effective as of August 14, 2019, is by and between Quicken Loans Inc. whose address is 1050 Woodward Avenue, Detroit, Michigan 48226 (hereinafter, "Licensee") and ODM Parking, L.L.C., a Michigan limited liability company whose address is 2525 Woodward Avenue, Detroit, Michigan 48201 (hereinafter, "ODMP").

W I T N E S S E T H:

WHEREAS, ODMP manages, operates and/or is authorized to license the use of surface parking lots 61 E. Elizabeth, Detroit, Michigan 48201 also known as "Lots 1, 2 (hereinafter "Lots");

WHEREAS, Licensee desires to obtain a license from ODMP to use the Lots during the "Term" and for the "Purpose" as defined in this Agreement.

WHEREAS, Licensee has engaged ODM's affiliate, Olympia Entertainment, Inc. ("OEI"), to provide services and amenities in connection with the use and Purpose of the Lot as more fully described herein under a separate Event Order between Licensee and Olympia Entertainment, Inc.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, ODMP and Licensee do hereby agree as follows:

1. Use of the Lots. ODMP hereby grants to Licensee a limited, non-exclusive license to enter upon and use the Lots during the Term for the sole and exclusive purpose of setting up a stage, tents and activations for colleagues of Quicken Loans, Inc. ODMP permits Licensee to obtain the necessary permits from the City of Detroit to set up a stage and position the tents ("Purpose").
2. Term. The term of this Agreement is on or about 7:00 a.m. on September 30, 2019 through 11:59 a.m. on October 5, 2019 ("Term").
3. Fee. The license fee of Twenty-Five Thousand and Zero Dollars and no/100 Dollars (\$25,000.00) for the use of the Lots as specified in the Event Order will be credited against the total fees due under the Event Order and Olympia Entertainment, Inc. shall remit the fee to ODMP. In the event ODMP is required to file suit to collect any amount owed under this Agreement for Licensee's use of the Lots, ODMP shall be entitled to collect reasonable attorney's fees and all other expenses ODMP may reasonably incur in collection of such amount.
4. Maintenance and Repair. Licensee agrees that it shall be responsible for any damage (e.g., fence, light poles, ground holes) it causes and that it shall be responsible for keeping the Lots free from rubbish and debris, arising out of the Purpose, during the Term of this Agreement. Licensee agrees to pay for any damages to the Lots that are caused by Licensee attendees. Licensee will not be responsible, however, for ordinary wear and tear or for damage that was caused by persons other than it and its attendees. If ODMP is notified of damages during the event, it will notify Licensee, in writing, of any damage and any related charges within 24 hours. ODMP will also provide photographic evidence with a written description if

any such damage occurs. ODMP further agrees to repair any damages in a commercially reasonable manner.

5. Condition of Premises. Licensee hereby accepts the Lots in their "as is" condition, subject to all applicable zoning, municipal, county and state laws, ordinances and regulations governing and regulating the use of the Lots and hereby acknowledges that neither ODMP nor any agent of ODMP has made a representation or warranty as to the suitability of the Lots for the conduct of Licensee's business. Licensee agrees to return the Lots in the same "as is" condition. Any, and all, repairs to damage on the Lots caused by Licensee shall be at the sole cost of Licensee. At the completion of the Term, Licensee will, at ODMP's request, complete a walk through and a punch list of any items that need to be repaired.

6. Lots Entry. Subject to Paragraph 8, below, Licensee shall enter the Lots at its own risk.

7. Insurance. Licensee shall provide ODMP with evidence of, secure, pay for and maintain, during the Term, the insurance policies required and in the amounts as set forth below. Licensee shall not be permitted to enter upon or use the Lots until certificates of insurance evidencing the following coverages have been delivered to ODMP:

(a) Property Insurance insuring against damage or destruction to Licensee's equipment and personal property in an amount equal to the full replacement cost thereof, on an "all risk of direct physical loss" peril basis.

(b) Workers Compensation insurance as required by the laws of the State of Michigan, with statutory limits, and employers' liability insurance with limits of \$500,000 per accident, \$500,000 per employee for disease, and a \$500,000 disease aggregate.

(c) Commercial general liability insurance with limits of at least \$1,000,000 per occurrence. Umbrella/Excess Liability of \$2,000,000 per occurrence/aggregate. Such insurance shall include the following: premises and operations, actions of independent contractors, liquor liability, contractual liability including protection from claims arising out of liability assumed from the indemnification provision herein to use an ODMP location, personal injury liability and products and completed operations liability. Any aggregate limit shall apply on a per location basis.

(d) The general liability and business auto liability set forth with a \$1,000,000 combined single limit for bodily injury and/or property damage. This coverage shall apply for any owned, hired or non-owned motor vehicle.

The coverage set forth herein (except Workers' Compensation) shall name as additional insureds Detroit Tigers, Inc., Wayne County Stadium Authority, City of Detroit, City of Detroit Downtown Development Authority, Ilitch Holdings, Inc., ODM Parking, L.L.C., Olympia Development of Michigan, L.L.C., Olympia Entertainment, Inc. and all of their affiliated and related entities, and all of their agents, employees, representatives, directors, officers and shareholders (collectively, "Additional Insureds"). If Licensee fails to comply with the insurance requirements set forth in these requirements, ODMP shall have the right to obtain and keep such insurance in full force and effect and, as additional amounts payable hereunder, Licensee shall pay ODMP or such person or entity as directed by ODMP, the cost of such

insurance promptly upon request.

8. Indemnification. Excluding ODMP's negligent or willful misconduct, Licensee hereby agrees to indemnify, defend and save harmless all of the Additional Insureds from liabilities, obligations, damages, penalties, claims, costs, charges, losses, and expenses (including reasonable fees and expenses for attorneys, expert witnesses and other consultants) to the extent caused by:

- (a) Licensee's breach of this License Agreement;
- (b) Licensee's entry upon or use of the Lots, including its invitees, agents, employees, contractors, customers, or licensees, and, including the installation and use of the Facility;
- (c) any disturbance or occurrence in, upon, or at the Lots caused by the person or property of Licensee or its invitees, agents, employees, contractors, customers, or licensees.

The foregoing indemnification obligations shall apply to Licensee and its invitees, agents, employees, and contractors. In the event any action or proceeding shall be brought against an Additional Insured, arising out of (b) – (c) above. Licensee upon written request of such Indemnatee shall, at its cost and expense, indemnify, defend and save harmless Additional Insured as described above.

9. Miscellaneous. This Agreement shall be governed by Michigan law, without regard to conflicts of law principles. This Agreement may only be amended by a written instrument signed by both parties. This Agreement may be executed in two or more counterparts, each of which may be deemed an original, and all of which together shall constitute one and the same instrument. A signed copy of this Agreement delivered by facsimile or email shall be binding on the parties hereto. Licensee's obligations under Sections 4, 5, 6, 7 and 8 shall survive the expiration or earlier termination of this Agreement. The section headings herein are for convenience only and do not constitute matter to be construed.

The parties hereto have executed this License Agreement the day and year first above written.

QUICKEN LOANS INC.

By: Rebecca H. Gey
Its: Sept. 5th 2019

ODM PARKING, L.L.C.

By: Joe Leary
Its: 9-9-19



STATE OF MICHIGAN - LIQUOR CONTROL COMMISSION

This is to certify that a License is hereby granted to the person(s) named with the stipulation that the licensee is in compliance with Commission Rule R 436.1003, which states that a licensee shall comply with all state and local building, plumbing, zoning sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcement officials who have jurisdiction over the licensee. Issuance of this license by the Michigan Liquor Control Commission does not waive this requirement. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

Department of Licensing
and Regulatory Affairs

This License is granted in accordance with the provisions of Act 58 of the Public Acts of 1998 and shall continue in force for the period designated unless suspended, revoked, or declared null and void by the Michigan Liquor Control Commission. Failure to comply with all laws and rules may result in the revocation of this license.

BUSINESS ID: 4489

FILE NUMBER: D59672

IN WITNESS WHEREOF,

OLYMPIA ENTERTAINMENT, INC.
D/B/A FOX THEATRE

2211 WOODWARD AVE,
DETROIT, MI 48201-3467

WAYNE COUNTY
D-236
DETROIT CITY

LICENSE # 11097
Specially Designated Merchant

ACT:

6894 Class C

TOTAL BARS: 21
DIRECT-CONNECTIONS: 15

ROOMS:

OUTDOOR SERVICE AREA:

PASSENGERS:

PERMIT
Sunday Sales (PM), Dance-Entertainment, Specific Purpose(Special Events) [Sunday-Sunday
Hours: 9:00 AM-12:00 PM], Specific Purpose(Other, Conventions) [Sunday-Sunday Hours: 9:00
AM-12:00 PM], Sunday Sales (AM), Catering, Direct Connection(15), Additional Bar(20)

this License has been duly signed
and sealed by both the Michigan
Liquor Control Commission and the
Licensee(s).

LIQUOR CONTROL COMMISSION

LICENSEE(S) SIGNATURE(S)

[Signature]

2019

2020

LICENSE EFFECTIVE MAY 1, 2019 - EXPIRES APRIL 30, 2020

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1029 *Quicken Loans Inc., request to hold "Quicken Loans Carnival" at 2200 Woodward Ave. on October 2, 2019 from 5:00 PM to 8:00 PM with the temporary closure of Witherell from Montcalm to Elizabeth.*

10/22/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Quicken Loans Carnival

Event Location: 2200 Woodward Ave - Comerica Park Parking Lots (Lot 1 & lot 2)

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Quicken Loans Inc

Organization Mailing Address: 1050 Woodward Ave. Detroit MI 48226

Business Phone: 313-373-0093

Business Website: Quickenloans.com

Applicant Name: Becky Glynn

Business Phone: 313-373-0093

Cell Phone: 313-820-5451

Email: BeckyGlynn@quickenloans.com

Event On-Site Contact Person:

Name: Becky Glynn

Business Phone: 313-373-0093

Cell Phone: 313-820-5451

Email: BeckyGlynn@quickenloans.com

Event Elements (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Walkathon | <input checked="" type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Private Corporate Event</u> |

Please provide a brief description of your event:

A social gathering and appreciation event for Quicken Loans team members from three areas of business to enjoy after their company award show hosted at the Fox Theater. Food, Alcohol, and non-alcoholic beverages will be served through Olympia Catering. There will be carnival rides on-site such as a Ferris wheel, scrambler and a giant slide.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/29

Time: 5:00 PM

Complete Set-up Date: 10/2

Time: 3:00 PM

Event Start Date: 10/22

Time: 5:00 PM

Event End Date: 10/2

Time: 8:00 PM

Begin Tearing Down Date: 10/4

Complete Tear Down Date: 10/5.

Event Times (If more than one day, give times for each day):

10/2 5:00 PM – 8:30 PM & 10/3 3:00 PM – 8:30 PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Comerica Park Lots 1 & 2

Facilities to be used (circle):
Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ, Carnival Games

Will a sound system be used?

☒ Yes

☐ No

If yes, what type of sound system? External Sound System

Describe specific power needs for entertainment and/or music:

Power Provided by generator. Vendor to obtain generator permit.

How many generators will be used? .1 Unit

How will the generators be fueled? Electric Powered . 85 KVA generator

Name of vendor providing generators:

Contact Person: Adam Martin, Premier Event

Technology

Address: 2871 Research Dr

Phone: 248-230-2640

City/State/Zip: Rochester Hills, MI 48309

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: No sales, items are complimentary to invited Team Members.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Olympia Entertainment Inc. Security

Contact Person: Johnny Jackson

Address: 2522 Woodward Ave

Phone: 313-471-7430

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: 35

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

No On-site parking required; attendees will be parking in their assigned company parking lots.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No Pedestrian access on the road between Lot 1 and 2 (See diagram) and on Witherell street between Montcalm and Elizabeth.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Olympia will be contacting the local community.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<u>5</u>	<u>(5) 20 x 20</u>
Canopy (open on all sides)	<u>3</u>	<u>(1) 60 x 210, (1) 60 x 160, (1) 60 x 90</u>
Staging/Scaffolding	<u>1</u>	<u>(1) 32' L C 8'D X 4'H</u>
Bleachers	<u>9</u>	<u>14 x 8</u>

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? BLS Services

Contact Person: Candace Weaver

Address: 2252 Woodward Ave

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? Olympia Catering

Contact Person: Jennifer Tompos

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Witherell

FROM: Montcalm TO: Elizabeth

CLOSURE DATES: 10/1 BEG TIME: 12:00 AM END TIME: _____

REOPEN DATE: 10/3 TIME: 11:59 PM

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Rebecca Glyn
Signature of Applicant

7/31/2019
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Quicken Loans Carnival Event Date: 10/2 + 10/3/2019

Event Organizer: Becky Gwynn (Event Manager)

Applicant Signature: Rebecca A Glyn Date: 7/31/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 22930 Nine Mile Road Saint Clair Shores MI 48080		CONTACT NAME: PHONE (A/C, No, Ext): 586-774-5300 E-MAIL ADDRESS:		FAX (A/C, No): 586-778-2814
INSURED Rock Holdings Inc. Quicken Loans Inc. 1050 Woodward Avenue Detroit MI 48226		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Hartford Underwriters Insurance Company		30104
		INSURER B : Trumbull Insurance Company		27120
		INSURER C : Hartford Casualty Insurance Company		29424
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES**CERTIFICATE NUMBER:** 344694356**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			81UENBM8313	7/31/2019	7/31/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			81UENBM8313	7/31/2019	7/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEO <input type="checkbox"/> RETENTION \$			81RHUBM9003	7/31/2019	7/31/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	81WBAD6SJM	7/31/2019	7/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is an Additional Insured as respects to the general liability policy pursuant to and subject to the policy's terms, definitions, conditions and exclusions (form 80-02-2357) as required by written contract. The insurance provided in the general liability policy is primary and any other insurance shall be excess only, and not contributing.

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit 2 Woodward Ave Detroit MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Proposed road closure:
Witherell St between E Montcalm
St and E Elizabeth St
Start: 9/29 at 7:00 AM
End: 10/3 11:59 PM

Proposed Road Closure - Witherell St

Google



2019-08-05

1029

1029 *Petition of Quicken Loans Inc.,
request to hold "Quicken Loans
Carnival" at 2200 Woodward Ave. on
October 2, 2019 from 5:00 PM to 8:00
PM with the temporary closure of
Witherell from Montcalm to Elizabeth.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1082 Event Name: Techstars Demo Day

Event Date: October 1, 2019

Street Closure: State Street

Organization Name: Techstars

Street Address: 119 State Street Detroit, MI 48226

CITY CLERK 2019 SEP 13 PM 3:53

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Techstars Detroit will host their Demo Day at 119 State Street and will erect a tent adjacent for demonstrations from 11:00am - 8:00pm; with temporary street closure on Shelby Street.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Lear Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

SEP 23 2019 M T N B J A (310)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Required for Tent
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Fushner

Date: 9-13-2019

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 13, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1082 *Techstars, request that Techstars Detroit will host their Demo Day at 119 State Street and will erect a tent adjacent for demonstrations from 11:00am - 8:00pm; with temporary street closure on Shelby Street.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Techstars Detroit Demo Day

Event Location: Lear Innovation Center (119 State Street, Detroit, MI 48226)

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Techstars

Organization Mailing Address: 119 State Street, Detroit, MI 48226

Business Phone: (917) 246-9413

Business Website: <https://www.techstars.com/programs/detroit-program/>

Applicant Name: Kelly Kang

Business Phone: (917) 246-9413

Cell Phone: _____

Email: kelly.kang@techstars.com

Event On-Site Contact Person:

Name: Kelly Kang

Business Phone: Same as above

Cell Phone: _____

Email: _____

Event Elements (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input checked="" type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 400

Please provide a brief description of your event:

Techstars Detroit is holding our program's final event (Demo Day) on October 1st, 2019 from 11am to 8pm. The bulk of the event will happen in the Lear Innovation Center and we hope to use the alleyway west of the building for additional space for companies to set up product demos/tables to showcase what they are building.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : October 1st, 2019
Time: 11am

Time: 10am

Complete Set-up Date: October 1st, 2019

Event Start Date: October 1st, 2019
Time: 8pm

Time: 11am

Event End Date: October 1st, 2019

Begin Tearing Down Date: October 1st, 2019

Complete Tear Down Date: October 1st, 2019

Event Times (If more than one day, give times for each day):

From set-up to tear-down: 10am - 9pm. Event time will be from 11am to 8pm (latest).

Section 3- LOCATION/SITE INFORMATION

Location of Event: Lear Innovation Center (119 State Street, Detroit, MI 48226)

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

None

Will a sound system be used? ☐ Yes ☒ No

If yes, what type of sound system?

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: Attendees can register through our Eventbrite link

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? ☐ Yes ☒ No

If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options?

Through email (we will email all attendees the week before of nearby parking options)

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

A public alleyway will be closed. We anticipate limited impact on the community as there's limited foot traffic through the alleyway.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

We are working with the Westin Book Cadillac to approve the use of the alleyway.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Name of vendor providing generators: Contact Person:

Address: _____ Phone: _____

City/State/Zip _____

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	1 - 2	20x50
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____ City/State/

Zip: _____

Name of company providing port-a-johns. _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company? _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Shelby and State

FROM: 10am **TO:** 8pm

CLOSURE DATES: October 1st, 2019 **BEG TIME:** 10am **END TIME:** 8pm

REOPEN DATE: October 1st, 2019 **TIME:** 8pm

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Kelly Jisun Kang

August 27th, 2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Techstars Detroit Demo Day _____ E v e n t

Date: October 1st, 2019 _____

Event Organizer: Techstars _____

Applicant Signature: Kelly Jisun Kang _____

Date: August 27th, 2019

2019-09-13

1082

1082 *Petition of Techstars, request that
Techstars Detroit will host their Demo
Day at 119 State Street and will erect
a tent adjacent for demonstrations
from 11:00am - 8:00pm; with
temporary street closure on Shelby
Street.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT

55X
3

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1028 Event Name: March for HOPE

Event Date : October 13, 2019

Street Closure: Oakman Blvd. & Fenkell Ave.

Organization Name: Focus: HOPE

Street Address: 1400 Oakman Boulevard Detroit, MI 48238

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Focus: HOPE will host their annual walkathon at 1400 Oakman and the adjacent park from 11:00am - 4:00pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Focus:HOPE Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Community EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2019 SEP 6 PM4:06

SEP 19 2019 MTNB AS (2.0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Stages
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Aushier

Date: 9-6-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1028 *Focus: HOPE, request to hold "March for HOPE" on October 13, 2019 from 11:00 AM to 4:00 PM with temporary street closures on Oakman Blvd. and Fenkell Ave.*

10/13/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: March for HOPE

Event Location: 1550 Oakman Blvd., Detroit, MI 48238

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Focus: HOPE

Organization Mailing Address: 1400 Oakman Blvd., Detroit, MI 48238

Business Phone: (313) 494-4371 Business Website: www.focushope.edu

Applicant Name: Jennifer Presley

Business Phone: (313) 494-4371 Cell Phone: (616) 744-2847 Email: jennifer.presley@focushope.edu

Event On-Site Contact Person:

Name: Jennifer Presley

Business Phone: (313) 494-4371 Cell Phone: 269 744-2847 Email: jennifer.presley@focushope.edu

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 500

Please provide a brief description of your event:

The March for HOPE brings together thousands of men and women and children together to walk the streets of Detroit in support of diversity, opportunity and equality in southeastern Michigan. The four-mile walk is a reminder of those whose footsteps we follow in and the distance that remains to be traveled to eliminate poverty and racism in our community.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 10-13-19 Time: 6 a.m. Complete Set-up Date: 10-13-19 Time: 10 a.m.

Event Start Date: 10-13-19 Time: 11 a.m. Event End Date: 10-13-19 Time: 4 p.m.

Begin Tearing Down Date: 10-13-19 Complete Tear Down Date: 10-13-19

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1550 Oakman Blvd., Detroit, MI 48238

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

live marching bands, jazz or rock band.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Amplified - augmented, sound increased to broaden. Amplified sound will be used.

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food ☒ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: Basic Gift shop items - t-shirts, polo's, cups, hats, etc.

Will there be food trucks? ☒ Yes ☐ No

If yes, please list how many: 1-2

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? Security staff will direct vehicles.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Arnold Pirthe - Focus: HOPE has its own in-house security department

Address: 1200 Oakman Blvd.

Phone: (313) 494-4356

City/State/Zip: Detroit, MI 48238

Number of Private Security Personnel Hired Per Shift: 20-25 will be on-site for the event.

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Pedestrian Traffic.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event: The local neighborhood groups

are part of the planning committee.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

No generators will be used or needed.

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

	How Many?	Size/Height
Booth	19	16 (12x12)
Tents (enclosed on 3 sides)		
Canopy (open on all sides)	2	one 30x60 and one 10x20
Staging/Scaffolding	1	stage is 8x4, 19 ft. high
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Community EMS

Address: 25400 West Eight Mile Rd.

City/State/Zip: Southfield, MI 48034

Name of company providing port-a-johns. Hanks On Site Services

Contact Person:

Address: 26490 W. 8 mile Rd

Phone: (248) 213-7949

City/State/Zip: Southfield, MI 48033

Name of private catering company?

Contact Person: Touch of Class

Address: 10612 W. Nine Mile Rd

Phone: (248) 996-3659

City/State/Zip: Oak Park, MI 48237

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barrieades are not available from the City of Detroit.**

Will there be street closures?



Yes



No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Oakman Blvd.

FROM: Dexter Ave TO: FenKell Ave

CLOSURE DATES: 10-13-19 BEG TIME: 6:00 a.m. END TIME: 4:00 p.m.

REOPEN DATE: 10-13-19 TIME: 4:00 p.m.

STREET NAME: FenKell Ave

FROM: Oakman Blvd. TO: Dexter Ave

CLOSURE DATES: 10-13-19 BEG TIME: 6:00 a.m. END TIME: 2:00 p.m.

REOPEN DATE: 10-13-19 TIME: 2:00 pm

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Jennifer Presley

Signature of Applicant

5-21-19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: March for HOPE Event
Date: 10-13-19

Event Organizer: Jennifer Presley

Applicant Signature: Jennifer Presley
Date: 5-21-19

2019-08-05

1028

1028 *Petition of Focus: HOPE, request to hold "March for HOPE" on October 13, 2019 from 11:00 AM to 4:00 PM with temporary street closures on Oakman Blvd. and Fenkell Ave.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT

5674

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1030 Event Name: 2019 Armed Forces Salute

Event Date : November 10, 2019

Street Closure: Various

Organization Name: Metropolitan Detroit Veterans Coalition

Street Address: 500 Temple Suite 4M Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input checked="" type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Vets Fest</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Celebration of Veterans in Detroit with the 14th annual Parade, Run and Vets Fest located at Dean Savage Park and surrounding streets from 10:30am - 3:30pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Jushier

Date: 9-6-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1030 *Metropolitan Detroit Veterans Coalition, request to hold "2019 Armed Forces Salute" on November 10, 2019 from 10:30 AM to 3:30 PM with temporary closures of Michigan Ave, Abbot St. and various side streets adjacent to the Parade Route.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 ARMED FORCES SALUTE

Event Location: Detroit, Michigan

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: METROPOLITAN DETROIT VETERANS COALITION

Organization Mailing Address: 500 Temple Suite 4M Detroit, MI 48201-2693

Business Phone: 313.936.0760

Business Website: www.detroitveteransdayparade.org

Applicant Name: DICK CHATMAN

Business Phone: 313.204.7227 Cell Phone: 313.204.7227 Email: dickc1948@ameritech.net

Event On-Site Contact Person:

Name: Jack Riley

Business Phone: 734.516.9689 Cell Phone: 734.516.9689 Email: jackcriley@hotmail.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input checked="" type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>VETS FEST</u> |

Projected Number of Attendees: 3,000

Please provide a brief description of your event: OUR EVENT IS 3 EVENTS ON ONE DAY OF CONTINUOUS PATRIOTIC CELEBRATION OF VETERANS IN DETROIT. IT INCLUDES THE 14TH ANNUAL DETROIT VETERANS DAY PARADE, 4STAR 4MILE RACE AND VETS FEST. STAGING FOR PARADE AND RACE WILL BE ON ABBOTT AND PORTER STREETS BETWEEN 6TH AND TRUMBULL, VETS FEST AND POST PARADE/RACE CELEBRATION WILL TAKE PLACE AT THE

IBEW LOCAL 58 UNION HALL, WHICH WILL ALSO SERVE AS OUR STAGING ANCHOR.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 11-10-19 Time: 7:30A Complete Set-up Date: 11-10-19 Time: 10:00A

Event Start Date: 11-10-19 Time: 10:30A Event End Date: 11-10-19 Time: 3:30PM

Begin Tearing Down Date: 11-10-19 Complete Tear Down Date: 4:30PM

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Michigan- Michigan Ave (Trumbull to 17th Street)

Facilities to be used (circle):
Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following: PLEASE SEE ATTACHMENTS

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: ENTERTAINMENT WILL BE LIVE MUSIC (TBD) IN THE PARKING LOT AT THE IBEW LOCAL 58 UNION HALL

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? SPEAKERS - MICROPHONES STANDARD SOUND SYSTEM

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☐ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

SNACK FOOD, HOT DOGS, HAMBURGERS, REFRESHMENTS, BEER

Indicate type of items to be sold:

Will there be food trucks? ☒ Yes ☐ No # OF TRUCKS TBD
If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No
If yes, please describe the amount:

How will you advise attendees of parking options? EMAIL-FACEBOOK-WEB POSTING

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: CAMOUFLAGE SECURITY & INVESTIGATION

Contact Person: Jack Riley

Address: 615 GRISWOLD ST #925

Phone: 313.338.8005

City/State/Zip: DETROIT 48226

Number of Private Security Personnel Hired Per Shift: TBD

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

SOME STREETS WILL HAVE TO BE BLOCKED FOR STAGING OF EVENT. EVENT WILL OCCUR ON A SUNDAY WHICH SHOULD AFFECT
THE IMPACT OF THE STREET CLOSURES.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event: BUSINESSES/GROUPS AFFECTED BY OUR EVENT WILL BE
NOTIFIED AS WELL AS INVITED TO PARTICIPATE.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

ANY POWER NEEDS WILL BE HANDLED BY IBEW LOCAL 58

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

DMCare Express
1600 E. Grand Blvd. Suite 200
Detroit, Michigan 48221

Contact Person: JENNIFER A CZUCHAJ - EVENT COORDINATOR 313.259.5215

Address:

City/State/Zip:

BRENDEL'S SEPTIC TANK SERVICE LLC

Name of company providing port-a-johns.

Contact Person: 248.698.5000

Address:

Phone: 248.698.5000

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: ABBOTT ST

FROM: 6TH TO: ROSA PARKS

CLOSURE DATES: 11-10-19 BEG TIME: 8AM END TIME: 2PM

REOPEN DATE: 11-10-19 TIME: 2PM

STREET NAME: MICHIGAN AVE

FROM: BROOKLYN TO: JUST EAST OF GRAND RIVER

CLOSURE DATES: 11-10-19 BEG TIME: 11AM END TIME: 130PM

REOPEN DATE: 11-10-19 TIME: 130PM

STREET NAME: SIDE STREETS THAT FEED INTO PARADE/RACE ROUTE

FROM: BEGINNING OF PARADE/RACE TO: END OF PARADE/RACE

CLOSURE DATES: 11-10-19 BEG TIME: 11AM END TIME: 130PM

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE NOTE: STAGING WILL TAKE PLACE BEGINNING @8:00 AM ON 11-10-2019 WE WILL NEED AFFECTED STREETS CLOSED IN THE STAGING AREA FROM 8:00AM TO 2:00PM

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

UPON APPROVAL OF SPECIAL EVENTS COMMITTEE, ALL REQUIRED PAPERWORK
WILL BE SUBMITTED

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Richard Chatman

7-29-2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 2019 ARMED FORCES SALUTE Event

Date: SUNDAY NOVEMBER 10, 2019

Event Organizer: METROPOLITAN DETROIT VETERANS COALITION

Applicant Signature: *Richard Chatman*

Date: 7-29-2019



11/10/19
1030

APPLICANT NAME:

RICHARD CHATMAN 313.204.7227

EM:dickc1948@ameritech.net

EVENT-ON-SITE CONTACT:

JACK RILEY 734.516.9689

EM:jackcriley@hotmail.com

**ATTENTION: BETHANIE FISHER-CITY OF DETROIT SPECIAL EVENTS
COMMITTEE**

RE: PETITION TO HOLD ARMED SERVICES SALUTE IN CITY OF DETROIT

ATTACHED TO THIS CORRESPONDENCE

City of Detroit Special Events Application

7 PAGES



2019-08-05

1030

1030 *Petition of Metropolitan Detroit Veterans Coalition, request to hold "2019 Armed Forces Salute" on November 10, 2019 from 10:30 AM to 3:30 PM with temporary closures of Michigan Ave, Abbot St. and various side streets adjacent to the Parade Route.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT

~~SEP 13~~
5

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1013 Event Name: Metro Detroit Out of the Darkness Walk

Event Date: September 28, 2019

Street Closure: None

Organization Name: American Foundation for Suicide Prevention

Street Address: 33717 Woodward Ave. #238 Birmingham, MI 48009

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Annual 5K fundraiser and outreach to raise awareness on Suicide at Hart Plaza from 9:00am - 2:00pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2019 SEP 6 PM4:06

SEP 19 2019 MTNB, AS (2.0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Jusher

Date: 9-6-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT TRANSPORTATION DEPARTMENT

1063 *American Foundation for Suicide Prevention, request to hold "Metro Detroit Out of the Darkness Walk" at Hart Plaza on September 28, 2019 from 9:00 AM to 2:00 PM with set up to be completed on 9-27-19 and tear down to be complete on the event date, 9-28-19.*

1063
9/28/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Metro Detroit Out of the Darkness Walk

Event Location: Hart Plaza

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Foundation for Suicide Prevention

Organization Mailing Address: 33717 Woodward Ave, #238, Birmingham, MI 48009

Business Phone: 810 701-7790

Business Website: afsp.org/Michigan

Applicant Name: Anne Perry

Business Phone:

Cell Phone: 810 701-7790

Email: aperry@afsp.org

Event On-Site Contact Person:

Name: Anne Perry

Business Phone:

Cell Phone: 810 701-7790

Email: aperry@afsp.org

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 3500

Please provide a brief description of your event:

Annual fundraiser/outreach event for suicide loss survivors, those with lived experience and for anyone who has been affected by suicide. There will be a 5k walk along the riverfront. In the plaza we will have a stage and many tents with different resources and activities. This is a family friendly event.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/27/19 Time: 8am Complete Set-up Date: 9/27/19 Time: 8:00pm

Event Start Date: 9/28/19 Time: 9am Event End Date: 9/28/19 Time: 2pm

Begin Tearing Down Date: 9/28/19 Complete Tear Down Date: 9/28/19
by 6pm

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used (circle): Street Sidewalk Park ☒ City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Music played from a set list prior to event start, and a band will perform after

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment)

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

[X] Food [X] Merchandise [X] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? ☒ Yes ☐ No

If yes, please list how many:

Will there be a charge for parking? Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? We will inform them of nearby structures

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Camouflage Security

Contact Person: Joel Grissom

Address: 615 Griswold, Ste. 925

Phone:

(313) 338-8005

City/State/Zip:

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

Unknown

Are the private security personnel (check all that apply):

☒ [X] Licensed

☐ [] Armed

☐ [] Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No road closures needed. Sound will be minimal. Participants will remain in plaza for the duration of the event except for the walk

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Name of vendor providing generators: Contact Person:

Address: 28399 Dartmouth St

Phone: (248) 545-4845

City/State/Zip: Madison Heights, MI 48071

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

19 total. 6- 10x10, 4 10x20,

6 20x20, 3- 20x30 Canopy

(open on all sides)

Staging/Scaffolding-

20x20

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS

Address: 1636 W. Fort Street

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns.

Contact Person: Scotty's Potties

Address: P.O Box 530845

Phone: 734 421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☐ Yes ☒ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Anne Perry

7/26/19

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Metro Detroit Out of the Darkness Walk Event

Date: 9/28/19

Event Organizer:

Anne Perry

Applicant Signature: *Anne Perry*

Date: 7/25/19

2019-09-03

1063

1063 *Petition of American Foundation for
Suicide Prevention, request to hold
"Metro Detroit Out of the Darkness
Walk" at Hart Plaza on September 28,
2019 from 9:00 AM to 2:00 PM with
set up to be completed on 9-27-19 and
tear down to be complete on the event
date, 9-28-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT TRANSPORTATION

MAYOR'S OFFICE COORDINATORS REPORT

~~8811~~
6

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1070 Event Name: Southwest Detroit Business Association Annual Run of the Dead

Event Date : November 2, 2019

Street Closure: Various

Organization Name: Southwest Detroit Business Association

Street Address: 7752 West Vernor Highway Detroit, MI

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Annual 5K & 10K held at Patton Park and Woodmere Cemetery from 9:00am - 12:00pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMCare Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required

CITY CLERK 2019 SEP 6 PM4:05

SEP 19 2019 MTNB, AS. (2.0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Luohier

Date: 9-6-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1070 *Southwest Detroit Business Association, request to hold Southwest Detroit Business Association annual Run of the Dead at Patton Recreation Center and on Woodmere St. on 11/2/19 from 8:00am to 12:00pm with set up to be completed 11/2/19 and tear down to be complete on the event date 11/2/19*

1670
11/2/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Southwest Detroit Business Association Annual Run of the Dead

Event Location: Patton Recreation Center

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Southwest Detroit Business Association

Organization Mailing Address: 7752 West Vernor Highway

Business Phone: 313-842-0986

Business Website: www.southwestdetroit.com

Applicant Name: Robert Dewaelsche

Business Phone: 313-842-0986

Cell Phone: 313-580-0632

Email: robertd@southwestdetroit.com

Event On-Site Contact Person:

Name: Tonette Bryant-Carter

Business Phone: 248-217-3026

Cell Phone: 248-217-3026

Email: tlbcarter@gmail.com

Event Elements (check all that apply)

☒ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 700

Please provide a brief description of your event:

5k/10k Certified Run benefitting SDBA educational programming.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 11/02/19 Time: 6:00am Complete Set-up Date: 11/02/19 Time: 8:00am

Event Start Date: 11/2/19 Time: 9:00am Event End Date: 11/2/19 Time: 12:00pm

Begin Tearing Down Date: 11/2/19 Complete Tear Down Date: 11/2/19

Event Times (If more than one day, give times for each day):
11/2/19 - 6:00am - 12:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Patton Park Center

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park ☒ City ☒
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Zumba warm-up, DJ and performances by SDBA Compas students

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Speaker, microphones, acoustic instruments and turntables

Describe specific power needs for entertainment and/or music:

Outside outlets

How many generators will be used? 1

How will the generators be fueled?
Gas

Name of vendor providing generators:

Contact Person: Home Depot

Address: 18700 Meyers

Phone: 313-341-7750

City/State/Zip: Detroit, MI 48235

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No
If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No
If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No
If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

N/A

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Detroit Police Department and Wayne County Sheriffs Department

Contact Person: Deputy Chief Reserve Division Jim Edwards

Address: 4747 Woodward Avenue

Phone: (734) 260-0253

City/State/Zip:

Detroit, MI 48201

Number of Private Security Personnel Hired Per Shift:

N/A

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

SDBA will have volunteers posted to advise runners and participants where to park at Patton recreation parking lot.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

There will be some temporary street closures, and bus route delays, DPD and Wayne County Sheriff Reserves will be on duty from 6:00am-12:00pm.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Social media, community meetings, Woodier Block Club and the BID (Business Improvement District). There will be proposed street closures and possible bus re-routing.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding	1	City of Detroit Bandwagon
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Jennifer A. Czuchaj

Address: 1600 E. Grand Blvd., Suite 200

City/State/Zip: Detroit, MI 48221

Name of company providing port-a-johns: Scotty's Potties

Contact Person: Drew Webber

Address: 27940 Wick Rd

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

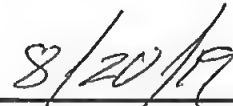
- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

There may be a need for re-routing of bus routes..

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.





Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

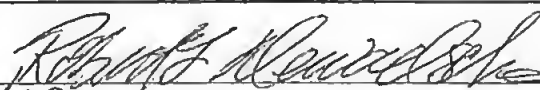
HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Southwest Detroit Business Association Annual Run of the Event
Date: 11/2/19

Event Organizer:
SDBA Project Consultant - Tonette Bryant-Carter

Applicant Signature: 
Date: 8/20/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ralph C. Wilson Agency, Inc Box 5069 Southfield MI 48086-5069	CONTACT NAME: Annette West, CISR PHONE (A/C, No, Ext): (248) 355-1414 E-MAIL ADDRESS: annettew@rcwa.net FAX (A/C, No): (248) 304-0877																					
INSURED Southwest Detroit Business Association Compass 7752 West Vernor Detroit MI 48209	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Philadelphia Insurance Company</td><td>23850</td></tr><tr><td>INSURER B:</td><td>Accident Fund General Insurance Company</td><td>12304</td></tr><tr><td>INSURER C:</td><td>Great American Insurance Company</td><td>16691</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Company	23850	INSURER B:	Accident Fund General Insurance Company	12304	INSURER C:	Great American Insurance Company	16691	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Philadelphia Insurance Company	23850																				
INSURER B:	Accident Fund General Insurance Company	12304																				
INSURER C:	Great American Insurance Company	16691																				
INSURER D:																						
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 19/20 Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1950563	03/01/2019	03/01/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
MED EXP (Any one person)	\$ 5,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1950563	03/01/2019	03/01/2020	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB666990	03/01/2019	03/01/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																				
AGGREGATE	\$ 1,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			WCV8053671	03/01/2019	03/01/2020	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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E.L. DISEASE - POLICY LIMIT	\$ 500,000																				
C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	<table><tr><td>Limit</td><td>\$1,000,000</td></tr><tr><td>Deductible</td><td>\$5,000</td></tr></table>	Limit	\$1,000,000	Deductible	\$5,000										
Limit	\$1,000,000																				
Deductible	\$5,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional insured in respects to above event and oversight of Patton Park

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit Parks & Recreation 18100 Meyers Detroit MI 48235	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ralph C. Wilson Agency, Inc. Box 5069 Southfield MI 48086-5089		CONTACT NAME: Annette West, CISR PHONE (A/C, No, Ext): (248) 355-1414 E-MAIL ADDRESS: annettew@rcwa.net FAX (A/C, No): (248) 304-0877																					
INSURED Southwest Detroit Business Association Compass 7752 West Vernor Detroit MI 48209		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Philadelphia Insurance Company</td><td>23850</td></tr><tr><td>INSURER B:</td><td>Accident Fund General Insurance Company</td><td>12304</td></tr><tr><td>INSURER C:</td><td>Great American Insurance Company</td><td>16891</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Company	23850	INSURER B:	Accident Fund General Insurance Company	12304	INSURER C:	Great American Insurance Company	16891	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																					
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COVERAGES**CERTIFICATE NUMBER:** 19/20 Master**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1950563	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MEO EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			PHPK1950563	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
		<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB668990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
		OEO <input checked="" type="checkbox"/> RETENTION \$ 10,000					
			\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000
			Deductible \$5,000				

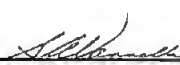
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employee Dishonesty Limit - \$200,000 Limit

RE: Run of the Dead - November 2, 2019.

Certificate holder is added as Additional Insured (General Liability) with respect to Run of the Dead at Patton Park.

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit 2 Woodward Avenue Detroit MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2019

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PRODUCER Ralph C. Wilson Agency, Inc Box 5089 Southfield MI 48086-5069		CONTACT NAME: Annette West, CISR PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877 E-MAIL ADDRESS: annettew@rcwa.net	
INSURED Southwest Detroit Business Association Compass 7752 West Vernor Detroit MI 48209		INSURER(S) AFFORING COVERAGE INSURER A: Philadelphia Insurance Company NAIC # 23850 INSURER B: Accident Fund General Insurance Company 12304 INSURER C: Great American Insurance Company 18691 INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 19/20 Master

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PHPK1950583	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & AOV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PHPK1950563	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		PHUB666990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
						\$
	OEO <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers		EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000
						Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional insured in respects to event listed above providing staff for the event.

CERTIFICATE HOLDER

CANCELLATION

Detroit Police Department
1301 Third Avenue

Detroit

MI 4:22

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2019

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PRODUCER Ralph C. Wilson Agency, Inc. Box 5069 Southfield MI 48066-5069		CONTACT NAME: Annette West, CISR PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877 E-MAIL ADDRESS: annettew@rcwa.net																						
INSURED Southwest Detroit Business Association Compass 7752 West Vernor Detroit MI 48209		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Philadelphia Insurance Company</td><td>23850</td></tr><tr><td>INSURER B:</td><td>Accident Fund General Insurance Company</td><td>12304</td></tr><tr><td>INSURER C:</td><td>Great American Insurance Company</td><td>16691</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Company	23850	INSURER B:	Accident Fund General Insurance Company	12304	INSURER C:	Great American Insurance Company	16691	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES CERTIFICATE NUMBER: 19/20 Master REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1950563	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	OTHER:		MEQ EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			PHPK1950563	03/01/2019	03/01/2020	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PRODUCTS - COMP/OP AGG \$ 2,000,000				
			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000				
			BODILY INJURY (Per person) \$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB666990	03/01/2019	03/01/2020	BODILY INJURY (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PROPERTY DAMAGE (Per accident) \$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCV6053671	03/01/2019	03/01/2020	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park
Certificate holder is added as Additional Insured (General Liability) with respect to work/services performed/products supplied by Named Insured as per written contract/agreement.

CERTIFICATE HOLDER

CANCELLATION

Holy Cross Cemetery 8850 Dix Avenue Detroit MI 48209	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER	CONTACT NAME: Annette West, CISR
Ralph C. Wilson Agency, Inc	PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877
Box 5069	E-MAIL: annettew@rcwa.net
Southfield MI 48086-5069	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Company NAIC # 23850
INSURED	INSURER B: Accident Fund General Insurance Company 12304
Southwest Detroit Business Association	INSURER C: Great American Insurance Company 16691
Compass	INSURER D:
7752 West Vernor	INSURER E:
Detroit MI 48209	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 19/20 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MAOE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1950563	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1950563	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MAOE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB666990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers		EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Road - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional insured in respects to the above event - providing staff

CERTIFICATE HOLDER

CANCELLATION

Wayne County Sheriff's Department
4747 Woodward Avenue

Detroit

MI 48201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ralph C. Wilson Agency, Inc. Box 5069 Southfield MI 48086-5069		CONTACT NAME: Annette West, CISR PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877 E-MAIL ADDRESS: annetlew@rcwa.net	
INSURED Southwest Detroit Business Association Compass 7752 West Vernor Detroit MI 48209		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company INSURER B: Accident Fund General Insurance Company INSURER C: Great American Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 23850 12304 16691	

COVERAGES**CERTIFICATE NUMBER:** 19/20 Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1950563	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1950563	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB686990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional insured in respects to above event and use of their property

CERTIFICATE HOLDER**CANCELLATION**

Woodmere Cemetery 9400 West Fort Street Detroit MI 48209	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Theresa Zajac

From: Czuchaj, Jennifer
Sent: Tuesday, August 20, 2019 4:27 PM
To: Theresa Zajac; Tonette Bryant-Carter; Robert L. Dewaelsche
Cc: Jennifer Garnica; Olga Rodriguez
Subject: RE: SDBA contract for Annual 5k/10k Certified Run_2019

Ms. Zajac,

In the past the City of Detroit has accepted my confirmation of services via email as proof of secured services for an event. That, along with the contract I sent over, should be sufficient to satisfy their requirements during the approval process.

DMCare Express will provide (1) ALS ambulance on November 2, 2019 for the Run of the Dead 5k/10k from 0800-1200 at Patton Park. I will be the point of contact for any questions or concerns regarding our medical services for this event. Please feel free to distribute my contact information to DPD and your staff as needed.

Thank you,

Jennifer A. Czuchaj
Event Coordinator/Operations Supervisor



Cellphone: (248) 388-9073
Office: (313) 259-5215
Fax: (313) 259-5978

1600 East Grand Boulevard, Suite 200
Detroit, MI 48211

From: Theresa Zajac [mailto:Theresaz@southwestdetroit.com]
Sent: Tuesday, August 20, 2019 4:01 PM
To: Czuchaj, Jennifer; Tonette Bryant-Carter; Robert L. Dewaelsche
Cc: Jennifer Garnica; Olga Rodriguez
Subject: RE: SDBA contract for Annual 5k/10k Certified Run_2019
Importance: High

WARNING: This email originated from outside of Beaumont Health.
Do not click on any links or open any attachments unless you recognize the sender and are expecting the message.

Jennifer C.: We need it for the City of Detroit Special Events Review Meeting tomorrow morning. Can you send TODAY? THERESA

AGREEMENT BETWEEN

Southwest Detroit Business Association and DMCare Express, Inc.

This Agreement is made the 20th day of August 2019, between **Southwest Detroit Business Association** (referred to hereafter as "Corporation") and **DMCare Express, Inc** (referred to hereafter as "DMCare").

WHEREAS, Corporation desires to secure an independent contractor to provide ambulance services as needed, and,

WHEREAS, DMCare is willing to act as an independent contractor and provide said to Corporation.

NOW, therefore, Corporation and DMCare for the consideration hereinafter set forth, agree as follows:

SECTION I – SERVICES PROVIDED

DMCare shall provide dedicated stand-by coverage to include One (1) licensed Advanced Life Support ambulance, during the dates and hours stated on Attachment "A".

SECTION II – PATIENT BILLING

Corporation will not be responsible for patient billing or payment to DMCare for services rendered to its patrons. DMCare will bill patients for services rendered.

SECTION III – LICENSURE, TRAINING AND QUALIFICATIONS

DMCare agrees to provide trained and licensed staff and equipment which complies with State law.

SECTION IV – COMPENSATION

In consideration of DMCare's Advanced Life Support ambulance stand-by services, Corporation will compensate DMCare at a rate listed in Attachment "A".

SECTION V – NOTICE

Any and all notices, designations or other communications provided for herein shall be given to either party in writing, either by receipted personal delivery or certified mail return receipt requested, addressed to the addressee shown below, unless notice of a change of address is furnished to all parties in the manner provided in this section:

Billing/Contract Contacts:

DMCare Express, Inc
Greg Beauchemin, President, CEO
1600 East Grand Boulevard, Suite 200A
Detroit, MI 48211
(313) 259-5125

Southwest Detroit Business Association
Attention: Robert Dewaelsche, President
7752 West Vernor Highway
Detroit, MI 48209

SECTION VI – GOVERNING LAW

Laws of the State of Michigan as to interpretation, construction and performance shall govern this agreement.

SECTION VII – COVENANTS AND CONDITIONS

This agreement shall be binding upon and inure to the benefit of the parties hereto, and their respective successors and shall be binding upon the assigns of Corporation.

SECTION VIII – ASSIGNMENT

Neither party shall have the right to assign this agreement without the prior written consent of either party.

SECTION IX – AMENDMENT


This agreement may be amended, revoked, changed or modified at any time, but only with a written agreement executed by Corporation and DMCare.

SECTION X - TERM

Corporation agrees to contract with DMCare for the "Run of the Dead" event on "November 2, 2019" at Patton Park, 2301 Woodmere St, Detroit, MI 48209.

In witness whereof, both parties hereto have executed this agreement as of the date of the listed above.

For: "Southwest Detroit Business Association"

	<i>President</i>	<i>8/20/19</i>
Signature	Title	Date

For: DMCare Express, Inc

_____	_____	_____
Signature	Title	Date

Attachment "A"

Rates and Schedule for Medical Services

"Southwest Detroit Business Association"

Run of the Dead (5k/10k)

Patton Park

2301 Woodmere St, Detroit, MI 48209

Requested Schedule for 2014

1 Advanced Life Support Ambulance @ \$155.00/Hour for the following dates and times:

November 2, 2019 (0800-1200)

Requested Medical Services Estimate



Invoice Date	: 8/13/2019
Invoice #	: n/a
Terms	: Net 30
PO #	:
Blanket PO #	:
Entity	: OMCare Express, Inc.



Please Remit Payment To: DMCare Express
P.O. Box 713745, Cincinnati, OH 45271-3745

Contact Person: Tonette Bryant-Carter - SDBA Project Consultant
 Contact Person Phone: 248-217-3026
 Location of Event: SOBA
 Venue: City of Detroit - Southwest Detroit
 Name of Event: SDBA's Run of the Oead is a 5K/10K USATF-certified run
 Type of event:

	Concert
	Conference/Show
X	Other (please describe: 5k/10k

 Estimated Attendance: 700+
 Demographic: mixed
 Date of Event: 2-Nov-19
 Event Times: 800
 Coverage Times: 0800-1200
 Special Instructions: N/A

	Persons/Teams Needed	Rate	# of Hours Needed	Price	Location(s) Needed
Staffed BLS unit (per hour)		\$ 140.00		\$ -	
Staffed ALS unit (per hour)	1	\$ 155.00	4.00	\$ 620.00	
Roving Teams (Basic Life Support Team/BLS) (per hour)		\$ 70.00		\$ -	
Roving Teams (Advanced Life Support Team/ALS) (per hour)		\$ 90.00		\$ -	
Basic EMT Services (per hour)		\$ 40.00		\$ -	
Paramedic Services (per hour)		\$ 50.00		\$ -	
Supervisor (per hour)		\$ 60.00		\$ -	
"Quick Request" Charge (see note below)		\$ 100.00	N/A	\$ -	Date Received:
Holiday		\$ 500.00	N/A	\$ -	
MISCELLANEOUS ITEMS					
	# of days tanks are requested	Rate Each/day	# of tanks Requested		
E-oxygen tanks with regulators and oxygen masks		\$ 150.00		\$0.00	
TOTAL				\$ 620.00	

THIS AREA TO BE COMPLETED BY DMCARE EXPRESS OPERATIONS SUPERVISOR/MANAGER FOR SPECIAL BILLING INSTRUCTIONS OR
 Quick request charge applied when request for services is received less than 5 business days prior to date of event.

✓
August 8, 2019

Lividini Landscaping, Inc.

3905 Stanley
Allen Park, MI 48101

RE: Bid for cleaning services on Nov. 1 and 2, 2019

Lividini Landscaping, Inc. proposes to do the following for the Southwest Detroit Business Association (SDBA) in preparation for its Annual Run of the Dead 5K/10K starting at Patton Park and running through Woodmere Cemetery and Holy Cross Cemetery on Friday, November 1 and Saturday, November 2, 2019.

Friday, November 1, 2019

Perform a Woodmere Street clean-up from West Fort Street, moving north past West Vernor, up to the end of the street at the curve (street name).

All trash shall be disposed of in the SDBA/BID dumpsters located at 7752 West Vernor.

Saturday, November 2, 2019

At Dawn, perform a clean-up of Patton Park parking lot and the adjacent section of Woodmere. Trash will be disposed of at the Patton Park dumpsters at location.

At Noon, perform a clean-up of Patton Park lot and the adjacent section of Woodmere. Trash will be disposed on at the Patton Park dumpsters at location.

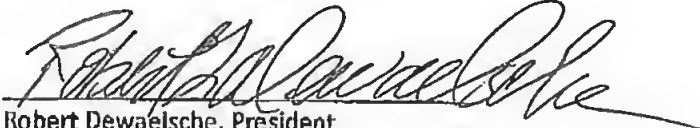
For these services, Lividini Landscaping, Inc. will charge \$ 250.⁰⁰

½ if payable by October 25, 2019.

Balance will be paid on day of event, after work is completed.



Vito Lividini, Owner
Lividini Landscaping, Inc.



Robert Dewaelsche, President
Southwest Detroit Business Association

8-9-2019

Date

8/12/19

Date

August 8, 2019

Mr. Todd Weems

Solomon's Labor Solutions, LLC

1515 Pingree
Lincoln Park, MI 48146

RE: Bid for services related to Run of the Dead Nov. 2, 2019

Solomon's Labor Solutions, LLC proposes to do the following for the Southwest Detroit Business Association (SDBA) in preparation for its Annual Run of the Dead 5K/10K starting at Patton Park and running through Woodmere Cemetery and Holy Cross Cemetery prior to and on Saturday, November 2, 2019.

No sooner than Monday, October 28, 2019

- Paint/cover graffiti at _____ Woodmere (empty house right by Patton Park driveway entrance)
- Paint/cover graffiti at _____ Woodmere (apartment building just before curve/Weiss Park)

Saturday, November 2, 2019

Beginning of Day/Dawn

- Put BID trash can liners in all City receptacles closest to roads and the running path.
- Set up a minimum of three water tables at designated locations on the Run route, including dropping off water and cups, and extra trash bags for volunteers to collect used cups.
- Assist in general table set-up for SDBA staff/volunteers at or in Patton Park Recreation Center or in the parking lot.


Noon/End of Run

- Collect tables, leftover water and leftover unused cups. Return these to vehicle that will take them back to SDBA office.
- Collect trash bags from water tables and Park trash containers.
- Trash will be placed in Patton Park dumpsters.
- Assist in breaking down tables either in Patton Park Recreation Center or in the parking lot. If need be, transport these tables back to SDBA office.


For these services, Solomon Labor Solutions, LLC will charge \$ 350.00

½ is payable by October 25, 2019.

Balance will be paid on day of event, after work is completed.



Todd Weems, Owner
Solomon's Labor Solutions, LLC



Robert Dewaelsche, President
Southwest Detroit Business Association

8-12-19
Date

8/12/19
Date

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153



Ph: (734) 421-1400

Fax: (734) 946-7382

Service Address
SW DETROIT BUSINESS ASSOCIATION PATTON PARK REC CENTER 2301 WOODMERE DETROIT, MI 48209

Billing Address
SW DETROIT BUSINESS ASSOCIATION 7752 W VERNOR HWY DETROIT, MI 48209



Phone: (734) 674-8740

Contact: ALAN HERNANDEZ

Phone: 0

Contact:



Order #: 60609 - 01

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mkt/Tier
10789	SWDETROITB	Nov 03, 18	Sat		JC	Jul 13, 18			NET10	/	S11/

DELIVERY TICKET - Ord# 60609

Driver=___ Route=___ Stop=0 Truck=___ Trailer=___

SN# =

Page 1 / 1

Rate	Rate Description	Quantity	Rate	Cost	Tax
DELV	FOUR SPECIAL EVENT UNITS WITH HAND SANITIZER	4.0	115.00	460.00	0.00
Grand Total:		460.00		460.00	0.00

Existing Units:

Serial#

Message

**SEE BACK OF TICKET FOR TERMS AND CONDITIONS ; PLEASE
SIGN AND RETURN YELLOW COPY TO US! THANK YOU!**

Map:

Lat = 42.3094289 Long = -83.1379187

Directions:

EASTSIDE OF WOODMERE ST
NORTH OFF VERNOR HWY
EAST OF DIX AVE

Driver Notes:

**SOMEONE WILL BE ON SITE AS EARLY AS 5 AM -
REGISTRATION IS AT 7 AM**

PICKUP SUNDAY NOV 4

Customer Signature: Robert L. Damschke Print Name: Robert L. Damschke Driver: _____ Date: _____



FACILITY REQUEST FORM

**This request must be submitted fourteen (14) days prior to the requested rental date.
All fees must be paid within 3 days of approval, failure to do so may result in cancellation of event.**

Name of Organization: Southwest Detroit Business Association
 Name and Title of Contact Person: Robert Dewaelsche
 Address: 7752 West Vernor Highway Zip 48209 Phone: 313-842-0986
 Email address robertd@southwestdetroit.com Website www.southwestdetroit.com
 Primary Dates Saturday, November 2, 2019 Alternate Dates _____
 Open to the Public? ☒ Yes ☐ No Admission Fee? ☐ No ☒ Yes cost \$354 No. of People Expected: 700

Organization Type <input checked="" type="checkbox"/> Nonprofit (Documentation required) <input type="checkbox"/> Block Club/Community/Church <input type="checkbox"/> Sorority/Fraternity <input type="checkbox"/> Corporation/Foundation <input type="checkbox"/> _____	Day(s) (Select all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday (additional fee(s) may apply) <input type="checkbox"/> Sunday (additional fees) Hour(s) (Select all that apply)** <input type="checkbox"/> 8 am – 9 am <input type="checkbox"/> 9 am – 10 am <input type="checkbox"/> 10 am – 11 am <input type="checkbox"/> 11 am – 12 pm <input type="checkbox"/> 12 pm – 1 pm <input type="checkbox"/> 1 pm – 2 pm <input type="checkbox"/> 2 pm – 3 pm <input type="checkbox"/> 3 pm – 4 pm <input type="checkbox"/> 4 pm – 5 pm <input type="checkbox"/> 5 pm – 6 pm <input type="checkbox"/> 6 pm – 7 pm <input type="checkbox"/> 7 pm – 8 pm <input type="checkbox"/> 8 pm – 9 pm <input checked="" type="checkbox"/> 6am-12pm	Room(s) (Select all that apply) (Resident/Nonresident) <input type="checkbox"/> Kitchen \$30hr/\$40hr <input checked="" type="checkbox"/> Gymnasium \$100hr/\$150hr <input type="checkbox"/> Pool* \$100hr/\$150hr <input type="checkbox"/> Arts & Craft \$40hr/\$50hr <input type="checkbox"/> Weight Room* \$40hr/\$50hr (per five person) <input type="checkbox"/> Multipurpose / Dance \$75hr/\$85hr <input type="checkbox"/> Banquet/Auditorium (up to 200 persons) \$125hr/\$135hr <input checked="" type="checkbox"/> Meeting – Small (up to 30 persons) \$40hr/\$50hr Qty _____ <input type="checkbox"/> Meeting – Medium (up to 50 people) \$40hr/\$50hr Qty _____ <input type="checkbox"/> Meeting – Large (up to 120 people) \$75hr/\$85hr Qty _____ <input type="checkbox"/> Ice Arena \$130(50 min)/ \$140(50 min) (skate rental not incl) <input type="checkbox"/> Racquetball Court \$10hr/\$20hr Qty _____
Event Type <input type="checkbox"/> Public/Town Hall Meeting <input type="checkbox"/> Baby Shower <input type="checkbox"/> Bridal Shower <input type="checkbox"/> Wedding Rehearsal/Reception <input type="checkbox"/> Family Reunion <input type="checkbox"/> Birthday Party <input checked="" type="checkbox"/> Fundraiser (proof of insurance may be required) <input type="checkbox"/> Meeting <input type="checkbox"/> _____	Center (Select all that apply) <input type="checkbox"/> Adams/Butzel Complex <input type="checkbox"/> Butzel Family Center <input type="checkbox"/> Brennan Event Space <input type="checkbox"/> Clemente <input type="checkbox"/> Crowell <input type="checkbox"/> Farvell <input type="checkbox"/> Heilmann <input type="checkbox"/> Kemeny <input type="checkbox"/> Lasky <input checked="" type="checkbox"/> Patton <input type="checkbox"/> Williams <input type="checkbox"/> Young	Amenities** (Select all that apply) <input checked="" type="checkbox"/> Banquet Table(s) Qty <u>8</u> <input type="checkbox"/> Round Table(s) Qty _____ <input type="checkbox"/> Card Table(s) Qty _____ <input checked="" type="checkbox"/> Chairs Qty <u>16</u> <input type="checkbox"/> Podium <input type="checkbox"/> Projector \$60 <input type="checkbox"/> Projector Screen \$75 <input type="checkbox"/> _____

*additional liability waiver required ** additional fee(s) may apply

Has the organization previously rented a DPRD Facility before? ☐ No ☒ Yes, What facility? Patton Recreation Cg When (Year)? 2018

Provide organization purpose/mission (attach additional sheets if needed):

Established in 1957, the Southwest Detroit Business Association (SDBA) fosters innovation, drive, and commitment in our community. We work with investors, entrepreneurs, customers, and neighbors to capitalize on Southwest Detroit's competitive advantage. We support our community's vision for a healthy, vibrant neighborhood. The Association is a coalition of businesses and community interests

Detail Description/purpose of event (attach additional sheets if needed):

Each year the 5K/10K USATF-certified SDBA's Run of the Dead connects the observation of those who have passed away through the celebration of a long-standing Mexican holiday with an interactive and health-conscious event. There are so many examples of inspiration that make this event so rewarding which supports SDBA educational programming.

RELEASE OF LIABILITY

I the undersign certifies that I/We: 1) do not discriminate against any individuals regardless of race, sex, creed, or national origin; 2) will present documentation of liability insurance, where required, in an amount determined by the Detroit Parks & Recreation Department; 3) acknowledge approval does not give or confer exclusive use of facility, 4) will use the facility only for the purpose stated above; and, agree to reimburse the City of Detroit (Detroit Parks & Recreation Department) for the cost of any damage(s) to the building or equipment during the use of the facility, 5) pay added cleaning costs, if incurred; 6) agree to abide by all rules and policies of the City of Detroit and Detroit Parks & Recreation Department. I/We also agree that all information submitted in this Facility Request Form is true and accurate to the best of my/our knowledge. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein; **Cancellation:** If event is cancelled organization is subject to the refund policy. I further hereby authorize and consent to the Detroit Parks & Recreation Department, City of Detroit and/or its contractor the absolute and unconditional right and permission to collect, copyright and/or publish, or use at its discretion, interviews, quotes, photographic portraits, or pictures of me, or in which I may be included in whole or in part, or in my own or a fictitious name, including reproductions thereof in color or otherwise, made through any media, for art, advertising, trade, visual documentary, promotional, television, radio or film coverage or any other lawful purpose whatsoever, without compensation to me. I hereby waive any and all rights to inspect and/or approve the finished product or the copy that may be used in connections therewith, or the use to which it may be applied. I hereby release, discharge and agree to hold Released Parties harmless from and against any all liability whatsoever, including but not limited to blurring, distortion, alteration, optical illusion resulting from its use in composite form, whether the same shall be intentional or otherwise, that may result or which may be produce in the taking of said pictures or in any processing tending towards or resulting in the completion of the finished product.

Alcoholic beverages are prohibited. Fund Raising events are prohibited unless approved in advance by the Detroit City Council. Any person or organization violating these prohibitions will be prosecuted to the fullest extent of the law.

I have read and understand all the terms of this agreement and will conform to all the regulations expressed in this document.

I have read and understand the Detroit Parks & Recreation Department's Refund Policy and agree to its terms. RD

Robert J. L. [Signature] 8/12/19
Organization Representative Signature Date

Approved ☐ No ☐ Yes, Rental Fee \$ _____

Insurance Required ☐ No ☐ Yes, Amount \$ _____

DPRD Representative Signature

Date

- FOR DETROIT PARKS & RECREATION DEPARTMENT USE ONLY

Comments: (If denial or if fee waiver provide reason and obtain Manager signature)

Check / MO #	Receipt #	Deposit Amount	Deposit Date	Accounting Initial

Manager Approval (required if fee waiver/multiple use)

Approved ☐ No, Why? _____ ☐ Yes, Fee \$ _____

Manager Signature

Date

If recommending the denial of this request or wavier of fee, indicate reason:

Director Approval (required if event is political in nature)

Approved ☐ No, Why? _____ ☐ Yes, Fee \$ _____

Director Signature

Date



Detroit Parks & Recreation Department Refund/Cancellation/Privacy/Security Policy

Use of Detroit Parks & Recreation Department Recreation Centers is available for City of Detroit residents and non-residents.

A. Membership

City of Detroit residents may receive the resident membership rate by presenting two forms of identification to establish Detroit residency. Annual membership is valid for one year (January – December). Please present your membership card at the front desk each time you visit the facility. A \$5 daily drop-in fee will be assessed when a membership card is not presented. Replacement cards may be purchased for \$5. All guests must complete and sign a membership application. Participants 17 years and younger must have membership application signed by a parent or legal guardian before being issued a membership card.

The Detroit Parks & Recreation Department is committed to keeping its membership fees lower than the industry standard. We will offer a full refund if requested the same day of paid membership otherwise no refund will be granted.

B. Classes

The Detroit Parks & Recreation Department will offer a full refund if requested within three (3) days of signing up for a class(es) otherwise a 20% processing fee will apply. However, if class has begun no refund will be given but a full credit in the amount of the class will be given towards any other program or class within the same calendar year.

C. Facility/Field Reservations

- Reservations are accepted on a first-come, first-served basis and must be submitted 14 days prior to the start of event.
- To guarantee room(s) reservation full payment is due at time of approval.
- Organizations/Individuals may cancel event up to 3 days after payment and but prior to the date of the event to ensure a full refund. Cancellation after 3 days will be refunded according to the below refund scale:

# of days after payment	Processing Fee
≤ 3	0%
> 3 or ≤ 7	25%
> 7 or ≤ 14	50%
> 14	No refund issued

Refund may take up to 60 days and will be issued to the organization/individual name on the receipt.

D. Privacy Policy

The City of Detroit Parks & Recreation Department does not collect personally-identifying information about a user except for information that is voluntarily provided to us so that we can serve the user's needs and for legitimate registration purposes. For example, when the user completes an online registration, we need to retain certain personally-identifying information on the Site in order to respond to the registration. A user's personally-identifying information (voluntarily submitted in connection with an online registration) will be treated confidentially and will not be shared with third parties.

E. Security Policy

Your payment and personal information is always safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all of your personal information, including credit card number, name, and address, so that it cannot be read over the internet.



West Vernor & Springwells
Business Improvement District

August 15, 2018

Clean, Safe and Working for You!

Ms. Bethanie Fisher
City of Detroit
Media Services Department Special Events
2 Woodward Ave., Room 333
Detroit, Michigan 48226


RE: Support for SDBA Run of the Dead 2018

Dear Ms. Fisher:

On behalf of the West Vernor & Springwells Business Improvement District Board (BID) I am offering the support to the Southwest Detroit Business Association (SDBA) in its application for a permit to host the 2018 Run of the Dead 5K/10K at Patton Park. The BID has been established for 10 years, and its property owner members just renewed the BID in September 2017 for another 10 years. The BID takes responsibility for 3.1 miles of the West Vernor and Springwells business corridors to do sidewalk sweeping, maintain 88 litterbaskets, graffiti removal, and additional DPD patrols.

The BID has worked cooperatively with the SDBA to enact improvements to the business corridors and market our business community to a wider audience. We are pleased to support the SDBA in hosting the 2018 Run of the Dead on November 3, 2018 as a means to bring current and new visitors to our neighborhood.

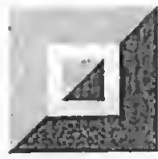
Sincerely,

 8/15/18

Jason Ghannam
Chair, West Vernor & Springwells Business Improvement District and
Owner, Paul's Pizza

[illegible]

10-16-14



SOUTHWEST DETROIT

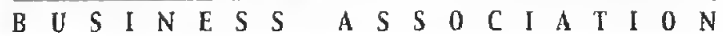
B U S I N E S S A S S O C I A T I O N

SDBA – ROTD Proposed Street Closures/Timeline

Main Streets

- A. Vernor Highway/Dix – 8:45a – 11:45a
- B. Fort Street –TBD

<u>Race Routes #1</u>	<u>Close</u>	<u>Reopen</u>
1. Woodmere Vernor	8:45a	11:45a
2. Woodmere Mandale	8:45a	11:45a
3. Woodmere Mason	8:45a	11:45a
4. Woodmere Lane	8:45a	11:45a
5. Woodmere Avis	8:45a	11:45a
6. Woodmere Falcon	8:45a	11:45a
7. Woodmere Longworth	8:45a	11:45a
8. Woodmere Homer	8:45a	11:45a
9. Woodmere Rathbone	8:45a	11:45a
10. Woodmere Chamberlain	8:45a	11:45a
11. Woodmere Lafayette	8:45a	11:45a
12. Woodmere Olivet	8:45a	11:45a
13. Woodmere Olivet North Alley	8:45a	11:45a
14. Woodmere Fort Street Alley	8:45a	11:45a
15. Woodmere Elsmere	8:45a	11:45a
16. Woodmere Weiss Park Alley	8:45a	11:45a



H. Wolfe
10-16-14



SOUTHWEST DETROIT

BUSINESS ASSOCIATION

Run of the Dead - 10K Course Map



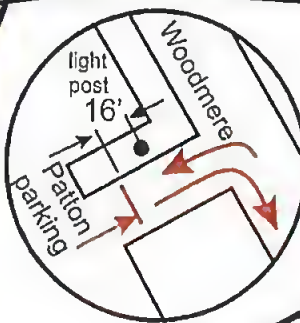
Run of the Dead - 5K Course Map



Map Key:

- ① 5K mile markers
- Ⓢ Start/finish lines
- Ⓟ Parking

Detroit, MI



Start /
Finish

Patton Mem.
Rec. Center



Woodmere
enter/exit

Woodmere
Cemetery

W. Fort St.

175

H. Wolfe
10-16-14

2019-09-06

1070

1070 *Petition of Southwest Detroit Business Association, request to hold Southwest Detroit Business Association annual Run of the Dead at Patton Recreation Center and on Woodmere St. on 11/2/19 from 8:00am to 12:00pm with set up to be completed 11/2/19 and tear down to be complete on the event date 11/2/19*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
 DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

OFFICE OF CONTRACTING
AND PROCUREMENT

2019
7

September 10, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002333 100% Capital Bond (4533) Funding – To Provide Non-Pursuit Small and Large Sedans for the following City Departments: Fire, DPW, PDD, Recreation, GSD, Inspector General, City Clerk, Elections and Fleet Loaner Pool. Contract includes contingency for inflation of 4th year order. – Contractor: Jefferson Chevrolet Company – Location: 2130 E Jefferson Avenue, Detroit, MI 48207 – Contract Period: Upon City Council Approval through August 31, 2021 – Total Contract Amount: \$500,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM SHEFFIELD

RESOLVED, that Contract No. 6002333 referred to in the foregoing communication dated September 10, 2019, be hereby and is approved.

SEP 19 2019 MTNP (Pending Information) A.S (2.0)



CITY OF DETROIT
LAW DEPARTMENT

Refer to PHS

Revised #38

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3437
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV

September 6, 2019

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Amendment To Chapter 8, *Building Construction and Property Maintenance*, Article XV, *Property Maintenance Code*, Division 3, *Requirements for Rental Property*, by adding Subdivision C., *Short Term Rentals*, to include Sections 8-1-100.1 through 8-1-100.14

Honorable City Council:

The Law Department has prepared an ordinance proposed by Council Member Janeé Ayers, which addresses short term rental activity within the City of Detroit. This local law will be amending the codified 1984 Detroit City Code that goes into effect on October 1, 2019, specifically Chapter 8, *Building Construction and Property Maintenance*, Article XV, *Property Maintenance Code*, Division 3, *Requirements for Rental Property*, by adding Subdivision C., *Short Term Rentals*, to include Sections 8-1-100.1 through 8-1-100.14, to define terms; to create a registration process; to require submission of an affidavit and an application fee; to set criteria for the application; to establish general provisions for operations of short term rentals; to establish requirements for short term rental platforms; to set forth an appeals process and to provide for violations for failure to comply with the requirements set forth in this ordinance. A copy of the ordinance, which has been approved as to form, is attached for your consideration.

I look forward to discussing this important legislation with this Honorable Body.

SEP 16 2019 -BB 1 WK JA(3,0)

SEP 23 2019 PTMB For Intro JA(3,0) Respectfully Submitted,

Mary Parisien

Mary Parisien
Assistant Corporation Counsel
City of Detroit Law Department
Municipal Section

Received @ table 9/10/19 (Form 21)

S U M M A R Y

AN ORDINANCE ⁴to amend Chapter 8 of the 1984 Detroit City Code, *Building Construction and Property Maintenance*, Article XV, *Property Maintenance Code*, Division 3, *Requirements for Rental Property*, by adding Subdivision C, *Short Term Rentals*, to include Sections 8-15-100.1 through 8-15-100.14, to define terms; to create a registration⁴ process; to require submission of an affidavit and an application fee; to set criteria for the application process; to establish general provisions for operations of short term rentals; to establish requirements for short term rental platforms; to provide for enforcement for failure to comply with the requirements set forth in this ordinance, and to provide an appeal process. ⁴

1 **BY COUNCILMEMBER _____:**

2 **AN ORDINANCE** to amend Chapter 8 of the 1984 Detroit City Code, *Building*
3 *Construction and Property Maintenance*, Article XV, *Property Maintenance Code*, Division 3,
4 *Requirements for Rental Property*, by adding Subdivision C, *Short Term Rentals*, to include
5 Sections 8-15-100.1 through 8-15-100.14, to define terms; to create a registration process; to
6 require submission of an affidavit and an application fee; to set criteria for the application process;
7 to establish general provisions for operations of short term rentals; to establish requirements for
8 short term rental platforms; to provide for enforcement for failure to comply with the requirements
9 set forth in this ordinance, and to provide an appeal process.

10 **IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:**

11 **Section 1.** Chapter 8 of the 1984 Detroit City Code, *Building Construction and Property*
12 *Maintenance*; Article XV, *Property Maintenance Code*, Division 3, *Requirements for Rental*
13 *Property*, Subdivision C, *Short Term Rentals*, by adding Sections 8-15-100.1 through 8-15-100.14,
14 to read as follows:

15 **CHAPTER 8. BUILDING CONSTRUCTION AND PROPERTY MAINTENANCE**

16 **ARTICLE XV. PROPERTY MAINTENANCE CODE**

17 **DIVISION 3. REQUIREMENTS FOR RENTAL PROPERTY**

18 **Subdivision C. Short Term Rentals**

19 **Sec. 8-15-100.1 Purpose.**

20 To protect the public peace, health, safety and welfare by establishing a procedure for the
21 short term rental of private residences of City residents; to preserve the character of residential
22 districts; to preserve the value of property in residential districts; and preserve the peace, good
23 order, comfort, and welfare of the inhabitants of and visitors to the City.

1 **Sec. 8-15-100.2. Definitions.**

2 For the purposes of this article, the following words and phrases shall have the meanings
3 respectively ascribed to them by this Section:

4 *Apartment* means a one-family living space having one or more rooms located within a
5 building, and containing a kitchen equipped with a sink and a bathroom equipped with a bathtub
6 or shower, a lavatory, and a toilet or water closet as set forth in Section 8-15-3 of this Code.

7 *Applicant* means a person who owns and has lawful possession of a property that is
8 applying for a short term rental registration.

9 *Bedroom* means a room that complies with the requirements set forth in Section 8-15-3 of
10 this Code.

11 *Blight violation* means any unlawful act, or any omission or failure to act, which is
12 designated by this Code as a blight violation pursuant to Section 4l(2) of the Michigan Home Rule
13 City Act, being MCL 117.4l(2) and Section 8-15-3 of this Code.

14 *Calendar days* means every day shown on the calendar including Saturdays, Sundays, and
15 State and Federal holidays.

16 *Compensation* means money or other consideration given in return for occupancy,
17 possession or use of the residence.

18 *Department* means the City of Detroit Buildings, Safety Engineering, and Environmental
19 Department.

20 *Dwelling unit* means a single unit providing complete, independent living facilities
21 occupied, or intended to be occupied, in whole or in part by one or more persons, including
22 permanent space and provisions for living, cooking, eating, sanitation, and sleeping as set forth in
23 Section 8-15-5 of this Code.

Guest means any person who exercises use of the residence for lodging, or accommodations in a short term rental by compensation or any consideration.

Host means a person that facilitates the booking of a short term rental property and for purposes of this Subdivision is the person who owns the property and holds legal or equitable title and resides on the premises at least nine months of the calendar year. A host must be an individual and may not be a business entity, property management company or organization.

Hosting platform means an entity that facilitates short term rentals through advertising, or any other means and from which the platform derives revenues, including, but not limited to booking fees from providing or maintaining the marketplace.

Linear measurement means measurement between two short term rentals, measured along the centerline of the roadway abutting the lots on which the short term rentals are located, at points perpendicular to the outermost portions of the short term rentals closest to each other. This spacing requirement applies regardless of the side of the roadway on which the short term rental is located.

Local contact person means the owner or a person designated by the owner, who is available 24 hours per day, seven days per week for the purpose of:

(1) Being able to physically respond, as necessary, within one hour of notification of a complaint regarding the condition, operation, or conduct of occupants of the short term rental property; and

(2) Taking remedial action necessary to resolve any such complaints.

Principal Residence Exemption means a document required for the purposes of this ordinance to show proof of residency. This form can be obtained at the City of Detroit's Assessor's Office.

1 Radial measurement means the measurement between two properties, measured as the
2 shortest straight line connecting such properties, drawn irrespective of intervening property lines,
3 rights-of-way, or natural or built environment.

4 Remain on the premises means the host is present during the entire rental period and stays
5 on the property overnight while it is utilized as a short term rental.

6 Rent or Rental means to permit, provide for, or offer possession or occupancy of a
7 residential property to a guest for compensation or any consideration.

8 Rooming Unit means a room rented as sleeping and living quarters, but without cooking
9 facilities and with or without an individual bathroom. In a suite of rooms without cooking facilities,
10 each room which provides sleeping accommodations shall be counted as one rooming unit for
11 purposes of this Subdivision.

12 Short Term Rental means any rental of a dwelling unit, or rooming unit in exchange for
13 compensation or other consideration, as lodging accommodations for at least one night, but no
14 more than 90 cumulative days of the year.

15 **Sec. 8-15-100.3. Residency requirement.**

16 (a) Any property used as a short term rental located in the City must be the host's
17 principal residence.

18 (b) This ordinance shall not apply to hosts who remain on the premises when utilizing
19 their property as a short term rental.

20 **Sec. 8-15 – 100.4. Registration required.**

21 (a) Any dwelling unit or rooming unit used as a short term rental shall be registered
22 with the Department. Use of any unregistered property as a short term rental is prohibited.

1 (b) A complete registration application must be submitted to the Department beginning
2 January 15th through January 31st.

3 (c) Registration of a property to be used as a short term rental shall be made by the host
4 of the property, on an application provided by the Department, and shall include the following:

5 (1) Name, address, telephone number and email address of the host for the property.

6 (2) Proof of Ownership and Residency.

7 a. Ownership shall be established by the recorded deed or land contract for the
8 property.

9 b. Residency shall be established by obtaining a Principal Residence
10 Exemption form and one of the following documents, which must list the
11 host's name and address of the short term rental property on the document:

12 1. The host's motor vehicle registration;

13 2. A valid driver's license or state identification card;

14 3. Current property tax documents;

15 4. Utility bill;

16 5. Municipal Identification;

17 6. Voter registration card; or

18 7. W-2 mailing.

19 (3) Total number of bedrooms in the dwelling unit to be available for rent.

20 (4) Total number of parking spaces provided for the dwelling unit or rooming unit. If
21 the applicant lives in an area that requires a permit or pass for parking, they must
22 indicate how many permits or passes are available for guests and visitors.

23 (5) Maximum number of guests that each dwelling or rooming unit can accommodate.

1 (6) Name and telephone number of the 24-hour local contact person for the property.

2 (d) A short term rental property registration shall not be transferred and is valid only at
3 the short term rental property address registered with the City.

4 (e) A short term rental property shall not be located on a lot that is within 1000 feet,
5 measured linearly, of a lot on which another short term rental property is located, unless permission
6 is given by the Department. The Department is authorized to permit short term rental properties
7 within 1000 linear feet of one another, however the Department may not extend its discretion more
8 than 10% of the 1000 linear foot requirement, and all other criteria listed in this Subdivision must
9 be met by the applicant.

10 **Sec. 8-15-100.5. Submittal of affidavit.**

11 In addition to the requirements contained in Section 8-15-100.4 of this Subdivision, the
12 host shall submit an affidavit, on a form provided by the Department, certifying the following:

13 (1) That the property used as a short term rental is the host's principal residence;

14 (2) That the host is an individual and not a business entity, property management
15 company or an organization;

16 (3) That a working smoke alarm is installed in each bedroom;

17 (4) That a working carbon monoxide detector is installed in every dwelling unit;

18 (5) That a working fire extinguisher is installed on each floor;

19 (6) That the host will inspect the devices identified in Subsections (3) (4) and (5) of
20 this section at least every 90 days to ensure they are unexpired and in proper
21 working order;

22 (7) That the host has obtained and provided a copy of liability insurance to cover the
23 short term rental use;

1 (8) That the property is not currently in violation of this Code or any state or federal
2 housing laws and is in habitable condition;

3 (9) That host is not in arrears or in default to the City, including any unpaid, outstanding
4 and/or delinquent property tax, income tax, special assessments and/or blight fines;

5 (10) That the host will make the dwelling unit or rooming unit available to the City for
6 inspection upon request from the Department;

7 a. Inspections may be conducted if there have been complaints regarding the
8 property; or if the Department has a reasonable basis to request an
9 inspection.

10 b. If the host refuses to allow inspections by the City, the host's short term
11 rental property may be removed from the City's registration list.

12 c. If a short term rental property is removed from the City's registration list,
13 the Department shall provide written notice to the host thirty days prior to
14 removal.

15 (11) That, if the registration is approved and issued, the host shall file a written
16 acknowledgement and agreement that the host will assume all risk and indemnify,
17 defend and hold the City harmless concerning the City's approval of the
18 registration, the operation and maintenance of the short term rental property, and
19 any other matter relating to the offering or use of the short term rental property;
20 and,

21 (12) Such other information as the City deems appropriate.

1 **Sec. 8-15-100.6. Fee.**

2 (a) A non-refundable fee shall be required for the initial registration of a short term
3 rental property under this Subdivision and shall be included on the application form.

4 (b) Registration for a short term rental is valid for one year beginning February 1st of
5 each year and expiring January 31st. Upon the expiration of a registered property, each applicant
6 shall pay the annual fee to renew the registration.

7 (c) The short term rental registration of the property shall be terminated upon the
8 transfer or conveyance of the property.

9 (d) The fee shall be published on the City's website.

10 **Sec. 8-15-100.7. Approval of application.**

11 (a) Subject to the limitations in Section 8-1-100.4, the Department may approve an
12 application for registration of a short term rental property if the applicant has completed the
13 following requirements:

14 (1) Submitted a timely and complete application and affidavit;

15 (2) Paid the registration fee; and.

16 (3) Made improvements to the residence consistent with the application, and is
17 prepared to operate the residence as a short term rental in compliance with this
18 Code.

19 (b) The Department shall have the discretion to deny any application that does not meet
20 the requirements of this Subdivision or any other applicable law, rule or regulation, or an
21 application that contains any false or incomplete information.

1 (c) An annual registration shall be filed with the City and, if approved, the Department
2 will place the address on an online registry made available to the public and a Certificate of
3 Registration shall be provided to the applicant by the Department.

4 (d) The Department shall provide a list of the short term rental properties registered
5 with the City to the Detroit Police Department.

6 **Sec. 8-15-100.8. General requirements of a short term rental.**

7 (a) The requirements of this Subdivision shall apply to all short term rental properties
8 in the City, but shall not apply to principal transient accommodations listed in Chapter 36, *Public*
9 *Accommodations*, of this Code.

10 (b) A host may not rent all or a portion of the short term rental property to more than
11 one group of guests, under more than one reservation, at a given time.

12 (c) All lodging is to be exclusively within the dwelling unit, which may include a
13 carriage house, or garage apartment. Lodging is prohibited in a recreational vehicle, camper, or
14 tent.

15 (d) A short term rental property may not be used by more than ten people at one time,
16 unless a stricter limit applies pursuant to state or local laws.

17 (e) The host shall not rent the unit for more than 90 cumulative days of the calendar
18 year.

19 (f) The host shall provide to all guests in an electronic form, and post in a conspicuous
20 place in the short term rental property, the Certificate of Registration provided by the City for that
21 short term rental property.

22 (g) Within thirty days of approval of the application, the host shall:

1 (1) Using a form provided by the City, notify neighboring dwelling units within 300
2 radial feet of the short term rental property that the property is registered as a short
3 term rental with the City and provide the neighbor with the local contact person's
4 telephone number. For multi-family dwelling units used as a short term rental, the
5 local contact person's information shall be given to the property manager; and,

6 (2) Submit the form to the Department and confirm by affidavit that such notification
7 has been provided.

8 (h) Utilization of property as a short term rental shall not adversely affect the
9 development, character, and enjoyment of the surrounding property.

10 (i) The host or guest occupying the property shall provide an unexpired Certificate of
11 Registration upon request of any inquiring police officer or City agent and shall respond to
12 reasonable inquiries by the police officer, or City agent, regarding the lawful use of the short term
13 rental property.

14 **Sec. 8-15-100.9. Guest regulations.**

15 (a) The use of a short term rental property shall not generate noise, vibration, glare,
16 odors, or other effects that unreasonably interfere with any person's enjoyment of his or her
17 residence.

18 (b) Guests of guests shall be allowed only between the hours of 8:00 a.m. and 12:00
19 a.m.

20 (c) Guests shall be notified by the host, that excessive noise is prohibited as specified
21 under Chapter 16 of this Code and such violators shall be subject to fines and penalties as set forth
22 in Section 8-15-100.14 of this Subdivision.

1 **Sec. 8-15-100.10. Local contacts.**

2 (a) A short term rental property host must identify an individual or individuals to serve
3 as a local contact and respond to emergency situations, if the host is not on the premises.

4 (b) A local contact person designated under Subsection (a) of this section must be
5 physically available to respond within one hour after being notified of an emergency by a guest of
6 the short term rental property, by a City of Detroit employee, or by an individual entitled to notice
7 of the contact information.

8 (c) If there is a change related to a local contact person, the host of the short term rental
9 must provide updated or new information to the Department and neighbors within 300 radial feet
10 of the short term rental property, in writing within two weeks. If the property is used as short term
11 rental within the two weeks required of the host to provide the local contact information, the host
12 must notify the Department and neighbors sooner with the updated information prior to using it as
13 a short term rental.

14 (d) The host shall provide guests the local contact information, including a phone
15 number of the local contact with responsibility to take action to resolve any complaints regarding
16 the condition, operation or maintenance of the short term rental property.

17 **Sec. 8-15-100.11. Hosting platform requirements.**

18 (a) A hosting platform shall not offer or accept a fee for booking a property that is not
19 a registered short term rental with the City.

20 (b) A hosting platform shall provide to the Department, within 45 days of the effective
21 date of this ordinance, contact information for an employee or representative that will respond to
22 requests for information or verification of violations of this Subdivision. Hosting platforms

1 established after the effective date of this ordinance shall provide this information prior to
2 facilitating short term rentals in the City.

3 (c) The hosting platform shall provide a report to the Department on a quarterly basis
4 in an electronic format, stating:

5 (1) The short term rental properties maintained, authorized, facilitated or advertised by
6 the hosting platform within the City of Detroit for the applicable reporting period;

7 (2) The location of the short term rental properties listed on the hosting platform's
8 forum;

9 (3) The total number of nights that the short term rental was occupied during the
10 period; and,

11 (4) The amount of total compensation for each stay.

12 **Sec. 8-15-100.12. Vested rights.**

13 Except in instances where constitutional principles or binding state or federal laws
14 otherwise provide, the provisions of this Subdivision and any ordinances or other measures
15 concerning short term rentals are not a grant of vested rights to continue as a short term rental
16 property indefinitely. Any short term rental property use and registration are subject to provisions
17 of this Subdivision and other ordinances, resolutions, or other City measures concerning short term
18 rental properties that may be enacted or adopted at a later date, even though such ordinances,
19 resolutions, or other City measures may change the terms, conditions, allowance, or duration for
20 short term rental property use, including but not limited to those that may terminate some or all
21 short term rental property uses in the City.

1 Sec. 8-15-100.13. Violations; removal from the City's short term rental registry and
2 reapplication.

3 (a) In accordance with Section 41(3) of the Michigan Home Rule City Act, being MCL
4 117.41(4) and Sections 1-1-9(a)(3) and 3-2-1, of the 1984 Detroit City Code, a violation of this
5 Subdivision is deemed to be a blight violation.

6 (b) Any person, including, but not limited to: hosts, guests, or hosting platforms,
7 violating any section of this Subdivision may be issued a blight violation notice for each day that
8 the violation continues.

9 (c) A host may be removed from the City's short term rental registry in the event that:

10 (1) An applicant provided false information on the application;

11 (2) The short term rental property is operated as a nuisance, with excessive noise, trash
12 or traffic;

13 (3) The continuation of the short term rental property presents a threat to public health
14 or safety;

15 (4) The host violates regulations of this Code; or,

16 (5) The host is found responsible for more than three incidences that resulted in a blight
17 violation for the short term rental property in a calendar year.

18 (d) If a short term rental property has been removed from the City's registry, the
19 Department shall not approve a new application submitted from the same host for the same
20 property for six months following the removal. After the six months has expired, the host may
21 apply for the short term rental property registration again.

1 **Sec. 8-15-100.14. Procedures for denial or removal of a short term rental registration.**

2 (a) The Department shall deny an application for a short term rental, including the
3 renewal of an existing registration, by mailing a written notice to the applicant that states the basis
4 for the denial. Any applicant aggrieved by the denial of a short term rental registration shall be
5 entitled to a hearing before the Director of the Department or a designated hearing officer. A
6 request for a hearing on the registration denial shall be in writing and addressed to the Director of
7 the Department, and must be made within 30 days of the mailing of the notice of denial to the
8 applicant. A hearing pursuant to a timely request shall be scheduled at the earliest possible date,
9 but not later than 30 days after the receipt of the request for a hearing. The applicant and the
10 appropriate City departments shall be notified of the hearing by the Department at least seven days
11 prior to the hearing. The hearing may be adjourned only by agreement of the parties or, upon cause
12 shown, by order of the Director or hearing officer. In the absence of a request for a hearing on the
13 denial of a short term rental registration, the denial shall be deemed final.

14 (b) Where the Department is presented with evidence that shows that cause exists to
15 deny or remove a short term rental registration pursuant this Subdivision, the Department shall
16 notify the host, in writing, of its intent to deny or remove the registration and the basis therefore.
17 The letter from the Department shall direct the host to show cause at a hearing before the Director
18 of the Department or a designated hearing officer, why the registration should not be denied or
19 removed. The notice shall include the date, time and place for the show cause hearing, which shall
20 be scheduled not less than seven days from the date of the mailing of the notice.

21 (c) Where the Director of the Department makes a determination that there is an
22 immediate threat to the public health or safety and welfare as a result of the continued operation
23 of a short term rental, the Director is authorized to immediately remove a registration. The host

1 shall be notified of the removal by the Department, by mail and if possible in person, with the
2 notice specifying the basis for the emergency removal of the registration. The Department shall
3 schedule a show cause hearing within seven days, provided, that upon a written request to the
4 Department, the host shall be entitled to a hearing within 48 hours of the receipt of the written
5 notice in order to ascertain whether the emergency removal of the registration shall continue.

6 (d) At a hearing pursuant to this Section, the Department shall present relevant
7 evidence in support of the denial or removal of the short term rental registration. The applicant or
8 host shall be given an opportunity at the hearing to present relevant evidence in support of the
9 issuance or continuation of the registration.

10 (e) Where the host fails to appear and show cause why the registration should not be
11 denied or removed in accordance with this Section, the registration shall be removed effective at
12 the end of the City's business day on which the show cause hearing was regularly scheduled.

13 (f) A hearing that is held pursuant to this Section shall be conducted in accordance
14 with the rules for conducting administrative hearings adopted in accordance with Section 2-111 of
15 the 2012 Detroit City Charter.

16 (g) Notice provided for in this Section shall be sent by certified mail, return receipt
17 requested, and regular mail to the applicant or host at the address on record with the Department.


18 **Secs. 8-15-100.15 -8-15-100. 30 Reserved.**

Section 2. This ordinance is hereby declared necessary to preserve the public peace, health, safety, and welfare of the People of the City of Detroit.

Section 3. All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

Section 4. In the event this ordinance is passed by two-thirds (2/3) majority of City Council Members serving, it shall be given immediate effect and become effective upon publication in accordance with Section 4-118 of the 2012 Detroit City Charter. Where this ordinance is passed by less than a two-thirds (2/3) majority of City Council Members serving, it shall become effective on the thirtieth (30) day after enactment, or on the first business day thereafter, in accordance with Section 4-118 of the 2012 Detroit City Charter.

Approved as to form:



Lawrence T. García
Corporation Counsel



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

9/11
38

10

August 7, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate the Recycling Partnership Grant

The Recycling Partnership has awarded the City of Detroit Department of Public Works with the Recycling Partnership Grant for a total of \$325,308.00. In addition, the Recycling Partnership has awarded the department with in-kind program support services, valued at \$125,000.00. There is no match requirement. The total project cost is \$450,308.00.

The objective of the grant is to support recycling programs and initiatives across the City of Detroit. The funding allotted to the department will be utilized to purchase recycling carts and recycling containers, as well as conduct educational and outreach efforts with the goal of improving and enhancing residential curbside and multifamily recycling programs. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20674.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

SEP 23 2019 mtnb JH (30)

11/11/2019 10:11 AM

RESOLUTION

Council Member _____

WHEREAS, the Department of Public Works is requesting authorization to accept a grant of reimbursement from the Recycling Partnership, in the amount of \$325,308.00, to support recycling programs and initiatives across the City of Detroit; and

WHEREAS, the Recycling Partnership has also awarded in-kind program support services, valued at \$125,000.00; and the total award amount is \$450,308.00; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20674, in the amount of \$325,308.00, for the Recycling Partnership Grant.



115 Rowell Court
Falls Church, VA 22046
866.760.8828
RECYCLINGPARTNERSHIP.ORG

RECYCLING PARTNERSHIP GRANT AGREEMENT

This Grant Agreement is hereby made and entered into on the date executed below, by and between The Recycling Partnership, Inc. ("The Partnership") and the City of Detroit, MI ("Grantee"), which are referred to collectively herein as the "Parties."

1. Grant Agreement Documents: This Grant Agreement consists of this document and its attachments; (a) Terms and Conditions (Attachment A), and (b) Grantee's Work Plan (Attachment B). This Grant Agreement comprises the entire agreement between the Parties and supersedes any and all previous and contemporaneous agreements and representations, whether oral or written. The Parties may amend the Grant Agreement as provided in Paragraph 8.

2. Term: The Grant Agreement shall be effective during the Grant Period, which begins on the execution date below and ends on December 30, 2020 unless the Parties agree to amend the Grant Agreement as provided in Paragraph 8.

3. Grantee's Duties: Subject to Paragraph 10 hereof, the Grantee shall take reasonable and appropriate steps to substantially complete the Grantee's Work Plan as set out in Attachment B and under the conditions set forth in Attachment A.

4. Duties of Partnership and Grantee: The Partnership shall make a cash grant to the Grantee in an amount not to exceed THREE HUNDRED TWENTY FIVE THOUSAND THREE HUNDRED EIGHT DOLLARS (\$325,308) to support the purchase recycling carts, recycling containers and educational and outreach efforts with the goal of improving and enhancing Grantee's residential curbside and multifamily recycling programs ("Cash Grant"). The details of the cash grant and the anticipated costs and expenditures associated with this grant project are detailed in the section titled Project Budget and Grant Funding found in Attachment B, the Grantee's Workplan.

In addition to the provision of direct grant funding, during the Grant Period The Partnership shall also provide the Grantee with access to resources, Partnership staff time and other in-kind services with an estimated value of ONE HUNDRED TWENTY FIVE THOUSAND DOLLARS (\$125,000). The purpose of these in-kind services is to support Grantee's public recycling program through the provision of technical support for strategic planning, program assessment, and recycling education and outreach including graphic design customization. The amounts set forth below represent The Partnership's intended distribution of the in-kind resources to the Grantee:

Description of In-Kind Resources from The Recycling Partnership	Projected Value
Access to Recycling Partnership educational campaign materials and design support	Up to \$100,000
Dedicated technical assistance support from Partnership staff	Up to \$25,000
Total projected value of in-kind assistance and support	Up to \$125,000

In exchange for the Cash Grant and In-kind resources from The Partnership, the Grantee will (i) commit staff time and resources for the planning and implementation of the project, including producing and distributing educational materials, providing access to data and information to support program analysis, and under the conditions set forth in Attachment A.

Subject to Paragraph 10 hereof, the Grantee will take reasonable and appropriate steps to make every effort to complete the Grantee's Work Plan in accordance with the Anticipated Implementation Timeline described in the Grantee's Work Plan.

5. Distribution Provisions: The Partnership shall distribute Grant funds to the Grantee to reimburse the Grantee for actual allowable expenditures that the Grantee has made or otherwise incurred during the Grant Period. An allowable expenditure is one associated with work performed or goods or services acquired to complete the Grantee's Work Plan as outlined in Attachment B hereto determined by The Partnership.. Excluding the final payment of grant funds, The Partnership shall make such distributions to the Grantee within thirty (30) days of receiving from the Grantee invoices prepared as described in Paragraph 6 below documenting allowable expenditures. Total distributions from The Partnership will not exceed ninety (90) percent of reimbursable costs until the submittal of a final project report; the remaining ten (10) percent of reimbursable expenses shall be paid upon final report submittal. Grant proceeds may be distributed to the Grantee by check or direct deposit, as the Grantee and The Partnership shall reasonably agree, and such agreement shall be subject to a separate written agreement between the Grantee and The Partnership setting out the agreed upon method of payment and applicable remittance information.

6. Invoices: As described in the section of Attachment A captioned "Reimbursement," the Grantee shall submit reimbursement requests to The Partnership, which shall include copies of invoices of allowable expenditures for which the Grantee is seeking reimbursement. The Grantee's final invoices must be received by The Partnership with the Grantee's Final Report, as described in the "Reporting and Additional Post Award Requirements" section of Attachment A. With respect to all invoices submitted to The Partnership, the Grantee shall provide reasonable and appropriate evidence for The Partnership to determine the actual amounts paid by Grantee for work and services associated with allowable expenditures, as well as documentation that provides evidence of payment by the Grantee for all allowable expenditures submitted. In addition to supporting documentation, the Grantee shall provide a summary of the expenses paid by the Grantee in a format that is agreeable to the Partnership. Upon presentation of herein described invoices and documentation, the Grantee will then be eligible for reimbursement of up to 90 percent of the amount of grant funds to be provided by The Recycling Partnership for allowable

expenditures and with the final 10 percent becoming available as detailed in Paragraph 5 above.

7. Grant Contacts: Programmatic contacts are set forth below.

Partnership Chief Community Strategy Officer:	Partnership Project Manager:	Grantee Project Manager:
Cody Marshall Telephone: (919) 612-7127 Email: cmarshall@recyclingpartnership.org	Rob Taylor Telephone: (919) 777-3964 Email: rtaylor@recyclingpartnership.org	Doug Collins Detroit Department of Public Works Telephone: (313) 876-0039 Email: collinsw@detroitmi.gov

8. Changes and Amendments: Any change to this Grant Agreement that increases or decreases the amount distributable to the Grantee is not effective until approved in writing by the Chief Community Strategy Officer of The Partnership. The Grant Agreement may be amended or modified in writing signed by the Parties, subject to the approval of the Detroit City Council by resolution.

9. Signature Warranty: Each of the undersigned represents and warrants that he or she is authorized to execute this Grant Agreement.

10. Subject-to-Appropriations: All expenditures and other performance by the Grantee under this Grant Agreement are subject to appropriations by the Detroit City Council. Consequently, this Grant Agreement shall bind the Grantee only to the extent that the Detroit City Council appropriates sufficient funds for the Grantee to perform its obligations hereunder.

The City of Detroit, MI

The Recycling Partnership, Inc.

By _____

By _____

Ron Brundidge
Director of Detroit Department of Public Works

Cody Marshall,
Chief Community Strategy Officer

Signed by City of Detroit on this date:

Signed by The Recycling Partnership on this date:

Attachment A: Terms and Conditions

a. Termination: Either Party may terminate the Grant Agreement in writing with thirty (30) days' notice to the other Party. If the Grantee fails to substantially fulfill its obligations under this Grant Agreement in a timely and proper manner, The Partnership may provide written notice to the Grantee of its intent to terminate the Grant Agreement. Such notice shall specify the reasons for termination and allow the Grantee thirty (30) days to mitigate any specified reasons. If the Grantee fails to mitigate the specified reasons, The Partnership may terminate this Grant Agreement by giving written notice to the Grantee of such termination and the effective date of such termination. In such case, the Grantee is entitled to retain a percentage of the Cash Grant distributed from The Partnership equal to the total amount of actual allowable expenditures incurred for educational and outreach efforts prior to termination.

b. Notices: All notices required by the terms of this Grant Agreement must be delivered by email with a read receipt requested to The Recycling Partnership at cmarshall@recyclingpartnership.org with a copy to rtaylor@recyclingpartnership.org.

All notices required by the terms of this Grant Agreement must be delivered by email with a read receipt requested to Grantee at brundidger@detroitmi.gov or collinsw@detroitmi.gov with a copy to Lydia Rae Levinson, Development Officer in the City of Detroit Office of Development and Grants at levinsonlr@detroitmi.gov.

c. Lobbying: The Grantee shall not use or appropriate any funds received from The Partnership to carry on propaganda or otherwise attempt to influence legislation.

d. Compliance with Work Plan: The Grantee shall make reasonable efforts to adhere to the timeline and objectives detailed in the Grantee's Work Plan as set out in Attachment B and strive to make sufficient progress toward fulfilling such timeline and objectives.

e. Extensions: No-cost time extensions are possible, but not guaranteed by The Partnership. If the Grantee seeks a no-cost time extension, the Grantee shall submit a written request for extension to the Chief Community Strategy Officer of The Partnership at least SIXTY (60) days prior to the end of the Grant Period.

f. Retroactive Costs: Costs incurred before the Grant Period are not eligible for reimbursement unless approved in writing by the Chief Community Strategy Officer of The Partnership.

g. Travel Expenses: Grant funds from the Partnership may not be used for travel expenses without prior written approval from the Chief Community Strategy Officer of The Partnership.

h. Technical Assistance: The Grantee acknowledges that the Partnership is available to work with the City and provide support, during the design, implementation, and monitoring of the program, and agrees to work with The

Attachment B: Grantee's Workplan

a. Background: The City of Detroit operates a bi-weekly (every-other-week) curbside recycling collection system using two different contracted haulers to offer opt-in recycling collection to all eligible single-family households within its jurisdiction. The city is divided into two service districts, with each hauler managing collection within its assigned district. Curbside recycling service is available to all residential properties in Detroit with four (4) units or less, and city staff estimate that approximately 61,000 of the approximately 207,000 curbside recycling eligible households presently have a cart for curbside recycling. The city's curbside recycling program collected approximately 4,188.64 tons of recyclables in 2018. Households must opt-in to participate in the curbside recycling program, and those that do so are offered one 64-gallon recycling cart that they can set out for every-other-week collection. The City of Detroit contracts with two local organizations, Green Living Science (GLS) and the Michigan Environmental Council (MEC), to provide education and outreach services about Detroit's curbside recycling program, and the City's office of Sustainability also supports recycling education and outreach efforts. As part of those efforts, Green Living Science and the Michigan Environmental Council conduct workshops to educate citizens on proper recycling protocol. To become eligible to receive a recycling cart at no-cost, citizens can either attend one of the recycling workshops hosted by GLS or MEC, or they can choose to play an interactive online game that teaches them about the city's program. Residents who forgo qualifying for a free cart are required to pay a one-time fee of \$25 in order to receive a recycling cart.

Properties with more than four (4) residential units are not eligible for curbside recycling services, and at present there is no formal city-sponsored or operated program to help these properties secure recycling services. These properties can contract with the designated hauler that services their portion of the city to receive waste collection services, and the City of Detroit also offers waste collection services using city staff and vehicles. At present it is projected that 166 multifamily properties secure waste collection directly from the city and that 2,529 multifamily units secure waste collection through one of the city's contracted haulers. Data about the number of individual residential units (households) at these multifamily properties is not presently available. These properties will be targeted for recycling collection during Phase 1 of the city's plan to implement a commercial and multifamily recycling program in the second half of 2019 as described in the Project Description.

b. Project Description: The City of Detroit is planning to implement a significant expansion of its public recycling efforts between September 1, 2019 and August 31, 2020. City staff have prepared and submitted a request for funding to the state of Michigan's Recycling Infrastructure Grant Program in support of this expansion, and grant funding from The Recycling Partnership is intended to compliment any award of funding from the state. Grant funding from The Recycling Partnership will be specifically allocated to support the expansion of the City's existing curbside recycling program and to support the initiation of a new multifamily recycling program.

As a part of curbside recycling portion of this project, Detroit will proactively seek to significantly expand the number of curbside-eligible households opting to participate. To support this expansion the city will collaborate with its contracted service providers (haulers) to purchase and distribute up to 16,401 recycling carts that are 64 +/- gallon in volume in order to allow additional households to access curbside recycling service.

For the multifamily portion of the project, the city will implement Phase 1 of its new multifamily recycling program with the goal of bringing recycling services to at least forty percent (40%) of the multifamily properties currently receiving waste collection from either the city or one of the two designated haulers serving the city. As part of this project, the city and its contracted haulers will provide multifamily properties with outdoor receptacles for recycling collection as well as in-unit bins that residents can use to collect and store their recyclables inside their homes. The outdoor receptacles will be either 400-gallon side-load containers or 64 gallon carts, and the in-unit bins will be 18 gallon or smaller. The exact number of the different sized indoor/in-unit and outdoor receptacles to be purchased will be determined based on which multifamily properties choose to participate in the multifamily recycling program as well as how individual multifamily households and property managers respond to the availability of different sizes and types of in-unit bins. To the degree possible, one goal of Phase 1 will be to determine which types and sizes of in-unit bins are the most desirable and effective when it comes to facilitating resident participation and proper preparation of recyclables.

The project will also include the implementation of a jurisdiction-wide education and outreach campaign to support the curbside and multifamily recycling programs. Education and outreach will be delivered in collaboration with city staff and the two non-profit organizations that the City of Detroit contracts with for recycling educational services, and outreach efforts will be planned and coordinated with support from The Recycling Partnership.

c. Measurement Plan: The Grantee will implement a system for tracking the effectiveness of its curbside and multifamily recycling efforts.

For curbside recycling, the Grantee will track the total number of households eligible to receive curbside recycling service along with the number of households actually opting-in to utilize said service in the two different service jurisdictions. The Grantee will track the number of households added to curbside recycling service each month. The Grantee will also implement a system for tracking monthly tonnage data for the amounts of municipal solid waste and recyclables collected from curbside recycling eligible households, and the Grantee will also work with The Partnership to evaluate contamination rates of the materials recovered by its curbside recycling program as resources allow. When reporting information about the households that have been added to its curbside recycling program, the Grantee will carefully track and report the number of households that have taken the steps necessary to qualify for no-cost distribution of a recycling cart versus those who have been required to pay to receive a curbside recycling cart.

The Grantee will implement a system to track the number of multifamily properties participating in the multifamily recycling program as well as the number of residential units at each participating property. It is understood that recyclables from multifamily properties may be collected at the same time as recyclables from other non-residential / commercial properties, but at the very least efforts will be made to accurately estimate the amount of recyclables originating from multifamily residential sources. If multifamily recycling tonnage is determined by estimation, the Grantee will share details of how the estimates are derived.

Reports will be provided to The Partnership as outlined in section t, Reporting and Additional Post-Award Requirements, as set out in Attachment A, and every effort will be made to track the tonnage of materials collected by the curbside recycling program separately from materials collected by the multifamily recycling program.

d. Public Outreach Plan: The Grantee will work closely with The Partnership to develop and implement an effective education and outreach campaign in support of Grantee's curbside and multifamily recycling programs utilizing the approach outlined in Paragraph n of Attachment A.

As part of implementing this campaign, the Grantee and its contracted education and outreach providers will collaborate with The Recycling Partnership to build a detailed scope of work around education and outreach, and this scope of work will include a plan for how to allocate Partnership grant funds allotted for education and outreach. A mutually agreed amount of grant funding may be allotted for direct financial support of the contracted service providers as long as The Partnership agrees that an adequate amount of funding has been allocated towards direct-to-resident program promotion and outreach.

Educational efforts will focus on engaging long-term recyclers as well as new participants to keep the recycling stream clean and ensure that residents are informed of what is acceptable and not acceptable in the curbside and multifamily recycling program. A heavy emphasis of this campaign will be around the recruitment of new opt-in curbside and multifamily customers and about how to properly prepare materials for recycling. This educational program is intended to complement any previous educational pieces that have already been sent to Detroit residents. The educational effort will target all single family / curbside recycling eligible households in the Detroit service jurisdiction as well as the multifamily units targeted for recycling implementation, and will utilize most if not all of these supporting tools:

- Direct to resident informational mailers or utility bill inserts for all curbside households,
- Public activation event to drive citizen engagement in recycling,
- Social media boosting,
- Paid advertisements,
- The implementation of anti-contamination strategies to reinforce correct recycling behavior. and
- Other strategies determined effective by Detroit and The Recycling Partnership.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

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August 15, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate FY 2019 Emerging City Champions Grant

The 880 Cities has awarded the City of Detroit Planning and Development Department with the FY 2019 Emerging City Champions Grant for a total of \$5,000.00. The total project cost is \$5,000.00. The grant period is July 29, 2019 through July 31, 2020.

The objective of the grant is to support Dexter Corridor vacant lot community revitalization activities. The funding allotted to the department will be utilized to pay for community engagement, programming activities, and an art installation project along Dexter Avenue and Tyler Street.

If approval is granted to accept and appropriate this funding, the appropriation number is 20676.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

SEP 19 2019 *MTNB A.S (3.0)*

COPIES OF THIS DOCUMENT
TO: [illegible]
FROM: [illegible]
DATE: [illegible]
BY: [illegible]

RESOLUTION

Council Member _____

WHEREAS, the Planning and Development Department is requesting authorization to accept a grant from 8 80 Cities, in the amount of \$5,000.00 to support Dexter Corridor vacant lot community revitalization activities; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20676, in the amount of \$5,000.00 for the FY 2019 Emerging City Champions Grant.



880 Cities
372-401 Richmond St W
Toronto, Ontario
Canada M5V 3A8
(416) 591 7404
880cities.org
@880cities.org

EMERGING CITY CHAMPIONS PARTICIPANT AND EMPLOYER AGREEMENT

This agreement is BETWEEN:

"THE RECIPIENT"

Recipient's Legal Name:

BRIANA A MASON

AND

"THE EMPLOYER"

Employing Organization's Legal Name:

City of Detroit, Planning & Development Dept.

AND

880 Cities

401 Richmond Street West, Studio 372

M5V 3A8

Canada

As a participant in the 2019 Emerging City Champions Fellowship, the Recipient will receive a \$5,000.00 USD grant from 880 Cities to be used towards the implementation of the approved community project ("the Project"). This agreement certifies that the \$5,000.00 in funds given to the Recipient by 880 Cities will be used entirely for Project related expenses. The Project being led by the Recipient will be directly related to work being done by the Employer. Any changes to the Project require prior approval from 880 Cities.

The Recipient has opted for the grant to be deposited directly into a bank account belonging to the Employer. The funds will be held in trust for the Recipient so that she or he can cover the costs of implementing the Project. If the Recipient's status of employment changes before the Project is completed, 880 Cities must be notified immediately, and an agreement will be made regarding the use of any remaining funds.

THE RECIPIENT:

I, Briana A Mason fully understand and agree to the above terms.

Signature Briana Mason

Date 08/14/2019

THE EMPLOYER:

I, Dave Walker as a representative of the employing organization, and as a direct supervisor of the Recipient, agree to the above terms.

Signature [Signature]

Date 08/14/2019



880 Cities
372 401 Richmond St W
Toronto, Ontario
Canada M5V 3A8
(416) 591 7404
880cities.org
@880citiesorg

EMERGING CITY CHAMPIONS PARTICIPANT FUNDING AGREEMENT

This agreement is BETWEEN:

"THE RECIPIENT"

Recipient's Legal Name

Briana A. Mason

Recipient Address:

5155 E. Outer Drive
DETROIT, MI 48234

AND

880 Cities
401 Richmond Street West, Studio 372
Toronto, Ontario
M5V 3A8 Canada

As a participant in the 2019 Emerging City Fellowship, the Recipient will receive \$5,000.00 USD in funding from 880 Cities to be used towards the Implementation of their approved community project ("the Project"). This agreement certifies that the funds given to the Recipient by 880 Cities will be used entirely for Project related expenses and will not be considered income of the Recipient. Any excess funds will be returned to 880 Cities.

The Recipient will:

- use the funds only for the purposes of carrying out the Project and in the manner described in the Recipient's project plan (to be developed during the Emerging City Champions Studio, July 26-31, 2019);
- promptly pay all persons employed or engaged in the carrying out the Project or supplying materials, in accordance with the terms of their engagement or employment;
- ensure that all health and safety standards are met, and get permission from landowners where needed to enter any land for the purpose of carrying out the Project;
- provide an update on Project plans and activities, either in writing or verbally when requested to do so by 880 Cities, within two weeks of such a request;
- provide a signed agreement between themselves and a third party in the event that the funds are deposited in a third-party account (i.e. Recipient's employer). The Recipient is responsible for managing the funds and ensuring the third party understands that the funds are held in trust for the Recipient and their Project

I, Briana A. Mason fully understand and agree to the above terms

Signature Briana Mason

Date 08/14/2019

Neighborhood Plan: Russell Woods + Nardin Park Neighborhood Framework Plan
Project: Reviving Dexter Art/Programming

Award Amount: \$5,000.00

Grantor: 8 80 Cities/Knight Foundation

Grantee: Briana Mason

Grant Period: July 2019 to July 2020

Description	Amount
Community Engagement	\$650.00
Art Installation & Programming	\$4,000.00
Advertisement & Community Outreach	\$350.00
Total	\$5,000.00

Contact Information

City Department: Planning and Development

Administrative Staff: Susan Burrows

Supervisor: Dave Walker

Project Manager: Briana Mason

Region: West Region

313-224-2399

313-224-1563

313-224-2034

burrows@detroitmi.gov

walkerdav@detroitmi.gov

masonb@detroitmi.gov

****Note: The money is being gifted to the City for the
advancement of a neighborhood planning effort by a
neighborhood project manager***



CITY OF DETROIT
PARKS & RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY:711
(313) 224-3544 FAX
WWW.DETROITMI.GOV

8
12

September 9, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from Palace Sports and Entertainment, LLC, to install murals at Tolan Playfield and Palmer Park.

Detroit General Services Department is requesting authorization from your Honorable Body to accept a donation of park improvements from Palace Sports and Entertainment, LLC to install murals at Tolan Playfield and Palmer Park.

The park improvements consist of painting murals. The cost of the improvements, approximately \$15,000 per mural (total \$30,000), will be borne by Palace Sports and Entertainment, LLC and the Wilson Foundation. As a gift, ownership rights to the murals will be transferred entirely to the City.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

Janet Anderson

Janet Anderson, PhD
Director

SEP 19 2019

MTNB (30) CL



RESOLUTION

Council Member _____

Whereas, General Services Department is requesting authorization to accept a park donation from Palace Sports and Entertainment, LLC; consisting of painted murals to be installed at Tolan Playfield and Palmer Park

Whereas, the park improvements will consist of the painting of murals at the basketball courts at Tolan Playfield and Palmer Park. The cost, approximately \$15,000 per mural, will be borne by the Palace Sports and Entertainment, LLC and the Wilson Foundation

Resolved, General Services Department is authorized to accept a donation of park improvements from the Palace Sports and Entertainment, LLC to be installed at Tolan Playfield and Palmer Park basketball courts.



GENERAL SERVICES DEPARTMENT
**Parks & Recreation
Division**

Improvement Authorization Form

Page 1

APPLICANT SECTION

Requesting Organization Name: Palace Sports and Entertainment, LLC

Contact Name: Awenate Cobbina

Phone: 248.377.0122

Email: acobbina@pistons.com

Address: 6 Championship Dr, Auburn Hills MI 48326

Today's Date: August 27, 2019

DPRD Property Name: Palmer Park and Tolan Playfield

Property Address: 910 Merrill Plaisance and 3901 Chrysler Service Drive

Location within the Property: _____

Palmer Park and Tolan Playfield Basketball Courts

Improvement Type:

☒ Park

☐ Facility (ie Rec Center)

☒ Physical Improvement

☐ Not-Art —————> fill out Donation Letter

☒ Art —————> fill out Art Donation Letter

☐ Maintenance —————> fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Painting of mural art on the Tolan Playfield and Palmer Park basketball courts.

Estimated Value of Improvement: \$30,000

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: _____

Date: August 27, 2019

Print Name: Awenate Cobbina

Organization on behalf of: Palace Sports & Entertainment, LLC

GSD STAFF SECTION

Asset Information:

DPRD Property Number: #133 + #422

Asset Value: \$30,000 (\$15,000 each park)

Asset Life Cycle: 5-10 yrs

Decommission Cost: 10,000 each (standard resurfacing cost)

Maintenance Information:

GSD Maintenance Requirements: When
curb reaches life cycle, resurface
curb to standard surfacing as
typical in standard maintenance

GSD Operations Requirements: N/A

GSD Project Coordinator: Arianna Zannetti Date: 9-4-19

Authorization:

☐ Project Denied

☒ Project Approved as Submitted

☐ Project Approved with Changes: _____

*Approved by GSD Director: Janet Anderson Date: 9-4-19

*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director



Tuesday, August 27, 2019

Janet Anderson, PhD
Director, General Services Department
Detroit Parks and Recreation Division
18100 Meyers Road – Lower Level
Detroit, Michigan 48235

Dear Dr. Anderson:

On behalf of the Detroit Pistons, I am writing to offer the donation of murals painted by Detroit-based artists on the basketball courts located at Tolan Playfield and Palmer Park. The muralists and I met with community representatives for each neighborhood to ensure that these improvements are desired. After reviewing each artists' sketch and artist statement with the community representatives, we received their approval to move ahead. The meetings were observed by members of the Department of Neighborhoods and Parks and Recreation. The cost of the improvements, approximately \$15,000 per mural, are being borne by Palace Sports and Entertainment LLC and the Wilson Foundation.

These improvements will take place in September 2019 to commemorate the second summer of basketball court renovations that the Pistons have undertaken. Tolan Playfield and Palmer Park are two of the 60 courts that are scheduled to be renovated by the Detroit Pistons under the Parks and Recreation Master Plan of 2015, and the Pistons community benefits agreement approved by the Pistons Neighborhood Advisory Council and Detroit City Council in 2015.

As a gift, the ownership rights to the mural will be transferred entirely to the city. Any rights to the artwork, by the artists, or their descendants will be transferred in their entirety to the City of Detroit. After the life cycle of the mural, the City of Detroit will return the court surface to the then-current color scheme and specifications.

We respectfully request your authorization to accept and install the Tolan Playfield Basketball Court Mural and Palmer Park Basketball Court Mural, with a waiver of reconsideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Awenate Cobbina".

Awenate Cobbina
Vice President of Business Affairs & Associate Counsel
Palace Sports & Entertainment, LLC

A handwritten signature in blue ink, appearing to read "Jesse Kassel".

Jesse Kassel
Palmer Park Muralist

A handwritten signature in blue ink, appearing to read "Tony Whlgn".

Tony Whlgn
Tolan Playfield Muralist



CITY OF DETROIT
PARKS & RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY: 711
(313) 224-3544 FAX
WWW.DETROITMI.GOV

~~23~~
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September 9, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from the Michigan Handball Association to be installed at Palmer Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements from the Michigan Handball Association to be installed at Palmer Park.

Park improvements will consists of the purchase and installation of solar lighting and wood benches to be placed at the handball courts in Palmer Park. The estimated cost of \$800 will be borne by aforementioned organization.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

Janet Anderson

Janet Anderson, PhD
Director

SEP 19 2019 MTNB CL (3.6)



RESOLUTION

Council Member _____

Whereas, the General Services Department is requesting authorization to accept a donation of park improvements from the Michigan Handball Association to be installed at Palmer Park

Whereas, the park improvements consists of the purchase and installation of solar lighting and wood benches to be placed at the handball courts in Palmer Park

Resolved, General Services Department is authorized to accept a donation of park improvements from the Michigan Handball Association to be installed at Palmer Park.



GENERAL SERVICES DEPARTMENT
**Parks & Recreation
Division**

Improvement Authorization Form

Page 1

APPLICANT SECTION

Requesting Organization Name: Michigan Handball Association

Today's Date: 08-14-19

Contact Name: Stewart Shevin

DPRD Property Name: Palmer Park

Phone: 248-210-4447

Property Address: 910 Merrill Plaisance, Detroit, MI 48203

Email: sshevin@comcast.net

Location within the Property: Handball Courts

Address: 4558 Middleton Road, West Bloomfield, Mi. 48323

Improvement Type:

☒ Park

☒ Physical Improvement

☐ Facility (ie Rec Center)

☒ Not-Art ———> fill out Donation Letter

☐ Art ———> fill out Art Donation Letter

☐ Maintenance ———> fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Install four (4) 200 watt LED solar lights - one per each court

Install four (4) wood benches.

Estimated Value of Improvement: \$800

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Stewart Shevin

Date: 08-14-19

Print Name: Stewart Shevin

Organization on behalf of: Michigan Handball Association

GSD STAFF SECTION

Asset Information:

DPRD Property Number: 133

Asset Life Cycle: 50,000 HRS

Asset Value: \$ 800

Decommission Cost: \$ 200

Maintenance Information:

GSD Maintenance Requirements: _____

GSD Operations Requirements: _____

None

None

Michigan Handball Association would
replace or decommission lights after
estimated hours -

GSD Project Coordinator: Mark

Date: 8-23-2019

Authorization:

☐ Project Denied

☒ Project Approved as Submitted

☐ Project Approved with Changes: _____

*Approved by GSD Director: Janet Anderson

Date: 9-3-19

*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

08-14-19

Janet Anderson, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyers Rd
Detroit, MI

Michigan Handball Association
18890 San Quentin Drive
Lathrup Village, MI 48076

Dear Ms. Anderson,

On behalf of the Michigan Handball Association I am writing to offer our full assistance in purchasing and installing solar lighting and wood benches at the Handball Courts in Palmer Park. The costs, approximately \$800 are being borne by the group mentioned above. These improvements will take place on 08-15-19. We have worked with community representatives to ensure these improvements are desired. There is no maintenance required to maintain this improvement throughout the summer, or in the expected future.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, reading "Stewart Shevin". The signature is fluid and cursive, with the first name "Stewart" and last name "Shevin" clearly distinguishable.

Stewart Shevin
Secretary
Michigan Handball Association

Chaudhry Farhat

From: Stewart Shevin <sshevin@comcast.net>
Sent: Friday, August 23, 2019 8:08 PM
To: Chaudhry Farhat
Cc: Jeff Klein
Subject: Re: Handball courts solar lights + benches gift letter

Hi Farhat,

I can't tell you where I will be after the 50,000 hours of the light's working time. I guess I would say the MHA will try to replace them. But if in your document my signature implies a contract / commitment to that replacement, it is best to say they will be decommissioned.

- Stewart

Description

Solar Street Light Outdoor, 200W LED Flood Lights

- Super bright LED: high quality LED lamp bead, high brightness, no flash frequency, high color rendering index, the object under the light is closer to the real color, and the service life is up to 50,000 hours.
 - Remote control and lighting control: The solar panel automatically turns off the light during the day and automatically lights up at night. You can also use the remote control to force the switch, timing, adjust the brightness, convenient, energy saving, and no pollution.
 - IP65 waterproof: This solar street light is made of die-cast aluminum, waterproof, anti-aging and long service life. It can be used outdoors and can withstand all kinds of bad weather.
 - Charging and lighting time: The new generation of polycrystalline silicon solar panels, charging faster, automatic charging during the day, and equipped with a large-capacity safety battery, can be used for about 12-20 hours after full charge, all power comes from solar energy, 0 cost.
 - Easy to install: no wiring required. Mounted with screws, suspended from a balcony, garden, outdoor wall or mounted on a pole, it can work automatically without maintenance, it has a wider illumination angle, ideal for courtyard lighting, road lighting
 - IP65 Waterproof & Wide Beam Angle: With IP65 rating, it can be widely used in outdoor and indoor lighting projects; shadow-free and anti-glare, providing great bright light.
- Turn ON/OFF Automatically: Light Sensor outdoor solar street lights turns on at dusk keep on dim mode, turn off at daytime and start recharge. PIR Motion Sensor(120° angle, 19.6ft sensor distance)

> On Aug 23, 2019, at 4:29 PM, Chaudhry Farhat <chaudhryf@detroitmi.gov> wrote:

>

> Hi Stewart,

>

> Also, if the lights last for, let's say 4 years (Or whatever years you think) .. What is the plan after that? Do you plan to replace? Decommission?

> I need all that info to complete paper work.

> Thank you.

>

> Farhat





CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY: 711
(313) 224-3544
WWW.DETROITMI.GOV

A
X
14

August 26, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from Historic Indian Village Association for Mollicone Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements from Historic Indian Village Association to be installed at Mollicone Park.

Park improvements will consists of the purchase and installation of brick and materials for laying a brick pathway at the Northeast corner park entrance. The estimated cost of \$12,790 will be borne by Historic Indian Village Association.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

Janet Anderson
Director

SEP 19 2019 MTNB GL (30)



Resolution

Council Member _____

Whereas, the General Services Department is requesting authorization to accept a donation of park improvements from Historic Indian Village Association to be installed at Mollicone Park.

Whereas, the total cost of \$12,790 will be borne by Historic Indian Village Association. The organization will also purchase and install the materials needed to lay a brick pathway

Resolved, General Services Department is authorized to accept a donation of park improvements from the Historic Indian Village Association to be installed at Mollicone Park.



GENERAL SERVICES DEPARTMENT
**Parks & Recreation
Division**

Improvement Authorization Form

Page 1

APPLICANT SECTION

Requesting Organization Name: Historic Indian Village Association

Contact Name: Brian McMillan

Phone: 219-628-0163

Email: brimcmillan@gmail.com

Address: 776 Seminole Street, Detroit, MI, 48214

Today's Date: August 13, 2019

DPRD Property Name: Mollicone Park

Property Address: Burns and Goethe

Location within the Property: 2969 Burns
Northeast corner entrance

Improvement Type:

☐ Park

☐ Facility (ie Rec Center)

☒ Physical Improvement

☒ Not-Art —→ fill out Donation Letter

☐ Art —→ fill out Art Donation Letter

☐ Maintenance —→ fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Installation of commemorative brick pathway.

Estimated Value of Improvement: \$12,790

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Brian McMillan

Digitally signed by Brian McMillan
Date: 2019.08.13 22:30:23 -04'00'

Date: 8/13/2019

Print Name: Brian McMillan

Organization on behalf of: Historic Indian Village Association

GIFT LETTER OF REQUEST

August 15, 2019

Janet Anderson, PhD
Director, General Services Department
Detroit Parks and Recreation Division
18100 Meyers Road – Lower Level
Detroit, Michigan 48235

Dear Dr. Anderson:

On behalf of The Friends of Mollicone Park, a organization sponsored by the Historic Indian Village Association, I am writing to offer our full assistance in purchasing and installing a brick pathway at the northeast corner entrance in Mollicone Park. The costs, approximately \$12,790 are being borne by the group mentioned above.

These improvements will take place on as soon as possible. We have worked with community representatives to ensure these improvements are desired.

The brick pathway should require little maintenance for the next five years.

Thank you for your time and consideration.

Sincerely,

Brian McMillan

Member, Friends of Mollicone Park committee
Brian McMillan